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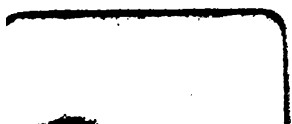
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Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FÆTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878-79, and 1879-80.

BY EDWARD C. SPITZKA, M. D.,

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LECTURE VI.

Those segmentation spheres which constituted the ectoderm, and which at the three-layered stage are synonymously known as the epiblast, precede all the other germ-layers in development. Just as the parent ectoderm hemisphere underwent segmentation far more rapidly than did the entoderm hemisphere, so its segmentation spheres precede those of the latter in their organization to permanent histological cells.

The epiblast of the mammalian embryo consists of a layer of cubical or prismatical cells, resembling an *epithelium* in appearance. In the *axis* of the future embryo at a more advanced stage it exhibits a thickening, which is due to a greater size and an increase in number of the layers of these cells.

In the gastrodiscus (area embryonica) the entoderm appears two-layered, the cells are round, crowded together and not as

well developed as those of the ectoderm (epiblast).

The differentiation of this crude layer into a mesoblast and hypoblast begins in the rabbit, according to van Beneden about five days after impregnation, and takes place in the following manner: The cells of the deepest layer flatten themselves out and resemble an endothelium, and thus constitute the hypoblast. The flat endothelium-like character of these cells is only a temporary condition, beginning at the future head-end of the germ they become cubical and ultimately cylindrical, which is destined to be their permanent shape, as found in the enteric and derived mucous epithelial tubes of advanced stages.

Those irregular cells which remain behind after the differentiation of the hypoblast, constitute the mesoblast. At the head-end of the germ area the mesoblast is originally absent, it is most massive at the future tail end.

Now the embryonic or germ area, consists of three distinct layers, of which the upper (epiblast) shows an axial hypertrophy, the middle (mesoblast) is also developed in the axis, but for the present limited to the caudal extremity of this axis, and the lower is evenly distributed over the entire inferior surface (hypoblast).

Kölliker states that a *marginal* thickening which older embryologists have observed but neglected to study and which precedes the development of the *axial* thickening ("ectoderm wulst" of embryonic area) has for its object the fixation of the ovum to the uterus. He claims that it

consists exclusively of epiblast cells. On the latter points I am not able to confirm him positively, but I have found this *marginal germ ring* to be continuous with the axial thickening as soon as the latter becomes developed. Its signification, morphologically speaking, will be best understood by referring for a moment to the corresponding stage of the chick's germ.

In the latter there is also a marginal thickening, which separates the area embryonica from the area vasculosa. Before blood vessels are developed, the area embryonica grows at the expense of the marginal thickening (Keimwall, of His) for here the large elements of Peremeschko which have wandered up from the nutritive yolk accumulate. We can justly infer that the analogous structure of the mammalian germ could recruit the material for growth, it may obtain such material by some means through that adhesion to the uterus which Kölliker claims to find particularly intimate at this part of the circumference.

From a special point of this marginal thickening, namely, the tail end of the future embryo, the mesoblast grows forward gradually in the direction of the future head end. It does not, however, become as massive in the head end of the mammalian embryo as it does in that of the batrachia, and, in fact, one characteristic of the embryos of higher animals is, that at the head end, the mesoblast, or the parent mass for certain of the tissues of *vegetative life*, is outstripped in development by the epiblast from which, in this altitude, the brain and the organs of special sense are to be developed.

As the mesoblast grows forward, it limits itself to the axis of the germinal area. We therefore find an axial *thickening* which, in contrast with the otherwise transparent vesicular germ, manifests itself as a dark streak. This is the *primitive streak*. A *furrow* is soon noticed in this streak, which runs in its middle line, and is known as the

primitive groove. If we make a microscopic transverse section through the primitive groove we shall find that it is a depression involving both the epiblast and mesoblast, that is, both layers are folded in along its line. The primitive streak and groove are merely temporary structures. Quite in front of the point where the primitive groove terminates, a second groove begins to form also in the axis of the embryonic area. It appears as though it were a continuation of the primitive groove, but on closer examination it is found that there is always an *unfurrowed interval* between the two, that the anterior furrow, is a furrow *only* of the epiblast (not involving the mesoblast like the primitive furrow) and finally, that the anterior and newly-formed furrow, extending over and driving the unfurrowed interval backward, encroaches on the region previously occupied by the primitive furrow, which, becoming shorter and shorter, at length disappears altogether. Imagine a longitudinal heap of stones with a gutter like depression along one half of it, imagine a shovel driven into the non-guttered portion, and gradually pushed towards and over the loose preëxisting gutter, and you will have a new gutter forming as the old one is obliterated by the mass of stones which the shovel pushes along. In a similar way the cells of the unfurrowed interval obliterate the primitive groove, and are then themselves furrowed by the *medullary groove*, as the newly formed furrow is called.*

The filling up or obliteration of the primitive groove takes place therefore by a translocation of cells (Götte). As considerable ambiguity prevails in the minds of many with regard to the rôle played by the primitive groove in embryonic development, I will summarize the differences between it and the medullary groove.

* It is misleading to state, as Balfour does, that the primitive groove is not formed in the embryonic area proper, it unquestionably is so developed, only it would be improper to call the streak or groove *embryonic* traces.

PRIMITIVE GROOVE.

1. Earliest to appear.
2. Commences at caudal extremity and extends forward.
3. Involves epiblast and mesoblast.
4. Begins to disappear after it is formed.
5. Is a temporary structure and a vanishing ancestral relic.
6. Is sometimes unsymmetrical, deviating to one side, usually the left (Göthe).

MEDULLARY GROOVE.

1. Latest of the two.
2. Commences at head and grows backward.
3. Involves epiblast alone.
4. Increases as the other disappears and usurps its place.
5. Forms the central canal of the spinal cord and the cerebral ventricles, is one of the *permanently* important features of development.
6. Is strictly symmetrical.

The first indication of the central nervous axis, consisted in that thickening of the epiblast, which I mentioned as situated in the axis of the embryonic area; it is called the *medullary lamina*. This thickening extending for nearly the entire length of the germinal area (after the primitive groove has been eliminated) constitutes with an underlying columnar mass formed by the median part of the mesoblast, the first permanent trace of the future human being. From this time henceforth, as the first signs of an *individualization* of the vertebrate animal are manifested we replace the term *germ* by that of *embryo*. I said vertebrate, because the columnar structure which underlies and runs parallel with the medullary lamina is that nucleus of the future vertebral column, which in the adult or embryonic stage is the fundamental characteristic common to all the *vertebrata* from the amphioxus to man.

The medullary lamina is formed at a period when the cells of the entire embryonic epiblast are arranged in a double layer. In the lamina itself there are from three to four such layers, the cells here are larger and higher. Possessing a more rapid rate of growth than the remainder of the epiblast, and being prevented from extending out horizontally, owing to the elastic tension of the lateral parts of the epiblast, the medullary lamina must become bent, just as a flat strip of tin would be when, fixed immovably by its two long edges, it is heated and unable to expand in a plane, forms a

gutter. To this fact the *medullary groove*, or *furrow*, owes its origin, it is a depression running the entire length of the medullary lamina.

The more rapid the growth of the elements composing the medullary lamina, the deeper will this groove become, and the rounder will the contour of the lamina appear on the transverse section. Finally, just as the strip of tin would be rolled so as to form a pipe, so the originally *outer* edges of the medullary lamina become approximated and fuse together in the *middle* line. In this way the medullary groove having first become deeper and deeper, is finally covered on all sides and becomes a *medullary canal*, the embryonic representative of the cerebral ventricles and the central canal of the spinal cord. Its walls, previously known as the medullary lamina, being now completely continuous around a lumen, constitute the *medullary tube*.

The axial portion of the epiblast has thus been differentiated into a longitudinal tubular structure, the *primitive central nervous axis*. It remains for us to study the coincident changes in the lateral parts of the same germ layer.

The thin expansion of the epiblast was, of course, smoothly continuous with the axial portion, as long as this was a medullary lamina. But when the lamina became a tube, and the two folds* on each side of the medullary groove approached each other to close the tube, this connection became dissolved. The part of the fold which belonged to the thick nervous division of the epiblast freed itself entirely from the thin cutaneous portion. Just as the nervous part of each fold joined the nervous part of the other, so the cutaneous portion of opposite sides, which they had dragged with them while becoming rolled in, also join in the middle line. In this way the thin and peripheral portions of the epiblast

* It is entirely incorrect to speak of the central nervous axis as formed by the apposition of two medullary laminae. The two folds are the edges of a single lamina.

extend over the medullary tube and the entire embryonic field is covered by the cuticular portion of the epiblast. This expansion is the source of all the *epidermic structures*, as well as of the *end organs of special sense*.

While all these changes have been going on, another structure has begun to develop from the epiblast: Near the marginal part of the germinal area, the epiblast is raised in a fold which runs in a nearly oval course around the entire embryo. It constitutes, as it were, a low wall around it. Meanwhile the embryo sinks somewhat toward the cavity of the vesicle from whose surface it develops, the wall grows by attenuation, and ultimately arches over the embryo and the aperture of the circumference of the wall becoming narrower and narrower, finally disappears, and we now have the embryo, which at first was surrounded by a low wall, enclosed in a sac. This sac, developed from the embryonic area, is the innermost of the embryonic or foetal membranes, the *amnion*. As we shall see, when studying the foetal membranes in detail, the mesoblast contributes to the tissue of this membrane.

The primary changes of the epiblast may be summed up by stating that it forms three structures, the medullary tube, the cuticular expanse, and the amniotic epithelium.

I indicated above, that the mesoblast also developed an axial structure, a columnar aggregate of cells which directly underlies the medullary tube. This is the *chorda dorsalis*, the forerunner of the vertebral column and the structure which, at an early period of development, is found in all vertebrate animals; in the amphioxus it is the sole representative of the axial skeleton, even in the adult condition. The lateral parts of the mesoblast are at first spread out evenly, but less considerably anteriorly than posteriorly; they then show an accumulation of substance toward the axial structures (medullary tube, chorda) which seem to present an obstacle to their growth

inward, and thus lead to a heaping up of the elements here.

Now let the student picture to himself on each side of the animal axis, underlying the epidermal epiblast, this mesoblast layer, and let him further imagine that, by a fine horizontal slit, it becomes subdivided into two lesser layers, that, however, the slit not continuing entirely through toward the axis, this division is not complete, the two layers being continuous at the inner extremity, or the part bordering on the *chorda* and medullary tube. Then suppose that the upper and lower sub-layers of the lateral mesoblast, at some distance outward, become inflected towards each other, that they, hence, touch and coalesce along a narrow line of contact, obliterating the temporary space of separation along this line. The simple slit will then be separated by a linear coalition of its walls into an inner and outer division. The inner is a closed cavity, which, running the length of the embryo, is necessarily tubular; the outer is still a slit, and is not closed towards the periphery.

Later on in the mesoblast bridge which has rejoined the two mesoblast laminae together, a separation occurs, which at length becomes complete, so that those portions of the two mesoblast laminae plus the corresponding half of the connecting bridge, which surround the *inner cavity*, are entirely separated from that portion of the laminae and that part of the connecting bridge which surround the *outer slit*. Almost simultaneously with this separation the *inner* subdivision containing the inner cavity, is subdivided into a series of segments lying in a longitudinal row on each side of the embryonic axis. These are the *protovertebrae*.* So that these structures

*The term "protovertebral discs" introduced, or, at least, employed by Balfour, is misleading, these bodies are not "discs," there is no geometrical figure which they resemble less. It might be urged that even the term "protovertebrae" is a misnomer, but this term is traditional and unavoidable, the other is a new and patently erroneous innovation, there is no necessity for adding anything to the word "protovertebrae."

whose high importance will become apparent as we proceed, are secondary subdivisions of the inner detachment of the lateral part of the mesoblast. Each protovertebra must contain a cavity which is a portion of the originally continuous tubular subdivision of the primary slit of the mesoblast. This cavity becomes filled up subsequently by a cellular proliferation and the solid cell mass thus formed furnishes important structures, among which are the voluntary muscles, the skeletogenic elements surrounding the *chorda* and the sympathetic ganglia.

The outer detachment of the lateral mesoblast containing the slit referred to, remains permanently divided into two sublayers, one nearer the epidermic epiblast, the other in contact with the hypoblast. The outer furnishes the connective tissue elements and serous endothelium of the *parietal serosa*. It merits the designation of "parietal lamella,"* as it develops the endothelial structures of the parietal expanses of the serous membranes. The inner bears the same relation to the hypoblast visceral canal which the outer bears to the periphery. It furnishes the serous endothelium originally adjacent to the visceral epithelia, namely, that of the *visceral serosa*. It, hence, is to be designated the *serovisceral lamella*.†

Since the seroparietal lamella develops the parietal *serosa*, and the serovisceral lamella develops the visceral *serosa*, the signification of the slit which separates these two lamella of the mesoblast is clear; it is the great common serous cavity of the body. The pleural, pericardial and peritoneal cavities are merely divisions yet to be formed from this common cavity. In order not to have the polysyllabic term, "pleuro-pericardio-peritoneal cavity," to contend with, the great evolutionist, Haeckel, has

suggested the appellation, *cœloma*, for the slit. As yet the *cœloma* is double and bilateral, the later closure of the visceral tube and the embryonic venter enables the lateral cavities to unite into a single and common one.

The primary changes of the mesoblast can be best summed up by enumerating the subdivisions formed from it, and visible side by side, in a transverse section of the embryo. In such a section we will see in the centre, the *chorda dorsalis*, on each side of it a protovertebral mass, and externally to each protovertebra a sero-parietal and a sero-visceral lamella. *The short connecting piece uniting these lamella and closing the cœloma internally is the primitive foundation for the genito-urinary system.*

The changes of the hypoblast are by far the simplest of the germ layer metamorphoses. Its epithelial expanse becomes concave, with the concavity downward, and finally, it closes to form a tube, the primitive visceral canal.* Around it the seroparietal lamella of the mesoblast forms an outer tunic, from which the sub-mucous, muscular and serous layers develop, the hypoblast contributes *solely the epithelial tissues of the visceral canal and its diverticula*. This primitive visceral canal, which is at first straight and perfectly axial, has no oral or anal opening and terminates blindly at the cephalic and caudal ends of the embryo.

For a long period the visceral tube remains unclosed at about the middle and a little behind the middle of the embryonic body. Here it communicates with the *cavity of the entoderm*, and the cells being continuous around this cavity, the entoderm sac contributes a sort of an appendage of

*The German term, "hautmuskelplatte," which could readily be translated "musculo-cutaneous lamella," is stated, by recent writers, to be based on an error, as the principal muscles developed parietally are not derived from this lamella, but from the protovertebral masses.

† "Darmfaserplatte" of the Germans.

"Visceral" is a far better title than "intestinal" as a literal translation of the "primitive darmrohre" of the German would render it, for not only the entire alimentary canal, but also the respiratory tubes, the ducts and the bladder, are derived from it. The adopted designation has also the advantage of harmonizing with such accepted terms as "visceral" arches, "visceral" slits, etc.

the visceral tube. This appendage is the *umbilical vesicle* and correspond to the yolk sac of the chick.

The primary changes of the hypoblast may be summarized by stating that it forms a simple canal, closed at its extremities, and communicating with an appended umbilical vesicle.

In this lecture I have gone over the primary changes of the germ layers in a cursory way. As we progress in our study you will find that much of what I have said will be modified more or less. Particularly will it be noticed that the mutual relations of the germ layers vary in different regions of the embryonic body. These differences, as well as some dependent modifications of the embryonic shape will occupy our attention at the next lecture.

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Original Communications.

HISTORICAL RESEARCHES ON CADAVERIC DISSECTIONS (NE- CROTOMY), CLINICAL SCHOOLS AND AMPUTATIONS.

BY FELIX FERRIERE, M. D.

"Les faits bien établis sont la seule puissance en crédit."—Gustot.

If we study the spirit of the different nations before our era, nay, several centuries after it, it will be found similarly imbued with a religious prejudice, common to all, against cadaveric dissection. The respect for the dead, the different manners of burial, the tenets of a divine creed, the prohibitions of the priests built an impassable barrier to the scrutiny of the dead for the benefit of the living, and such is the explanation of its slow progress amongst the Chinese, Egyptians, Jews, Greeks, Romans, Arabs and Christians in the middle ages. Their abhorrence of a corpse was so intense, that they even extended it to the pollinctores, or persons who embalmed the

dead; and, according to Herodotus, they ran after them, in the streets and stoned them.

And let it be fully understood that I here principally allude to the Roman nation, that people-king and proud conquerer of the world.

But what would have become of surgery without the exercise of its most important function? or how could it be a true science without an operation by which the different parts of the dead body are exposed for the purpose of studying their arrangement and structure, in order to come to its beneficial result: prevention and cure of diseases by investigating their causes in the human body?

In vain do we look in the traditions of the Asclepiads; in vain do we thumb over the "Hippocratic collections;" they are all silent on that important subject; and the venerable old man of Cos, himself, probably never attempted a dissection.

War, says Cousin, is a great civilizing instrument; first, I suppose, by the remorseful satiety and disgust it is bound to create in man's nobler feelings; and, secondly, through our natural inconstancy which impels us, at the end, to seek for a better employment of our intellectual faculties. And so it happened in the short peaceful period we reach after the wars of Alexander.

Ptolemy Soter, one of his lieutenants, founded, B. C. 323, the dynasty of Greek kings in Egypt. He promoted commerce, science and literature, and invited many Greek philosophers and physicians to his court. Ptolemy Philadelphus, his son, continued this liberal patronage and founded, at Alexandria, a great library and school. The learned men of the age were invited. Amongst them we find Herophilus and Erasistratus, those two stars of the old medical science, and whom history acknowledges as the first dissectors, but we must say, with Pliny, that they were fully encouraged to the practice of cadaveric dis-

sections by the example of the Lagidæ, who, although kings, did not disdain to handle the scalpel, in order the easier to dispel the blame attached to such an occupation.

Herophilus, a pupil of Praxagoras, who, himself, is the first sphygmologist, must be accounted the greatest anatomist of antiquity. He enriched the world with many discoveries in the nervous system, arterial pulsation, the lacteal vessels and the structure of the eye. The term retina originated with him.

As for Erasistratus, we take pleasure in dwelling a little longer on his history. Pliny relates that his mother was Aristotle's daughter. Instructed by Chrysippus, Theodorus and Theophrastus, that favorite pupil of Aristotle, he discovered the cranial nerves and their difference from muscles (wherewith he stands above Hippocrates). He further described the brain and its membranes with its convolutions, and, for his works in comparative anatomy, he is praised by Ehrenberg in this nineteenth century.

Before his sojourn in and departure from Alexandria, Erasistratus lived at the court of Seleucus Nicator, a satrap of Babylonia, and afterwards king of Syria. There, through his skill and medical sagacity, he became the most intimate friend of the first Seleucidæ. No wonder, if passionate in the full practice of his profession, he employed his credit to the progress of anatomy through cadaveric dissections. But let us relate by what charming circumstance he gained so well the protection of the king, his master and friend, for such a laudable purpose:

Stratonice, the step-mother of Antiochus, the only son and heir to Seleucus Nicator, was young and beautiful, and Antiochus loved her, and despaired of ever surmounting his hopeless passion, he, therefore, resolved to die through hunger. But the sagacious physician, Erasistratus, was not long in perceiving the cause and object of his silent affection, by the sparkling of the eyes, the blushing of the cheeks, and the

acceleration of the pulse of the young prince when Stratonice sat near him; and being admitted before the king, he spoke thus: Sire, the disease of your son is love for a woman whom he cannot obtain, since that woman is my wife. Oh, my friend, answered the king, will you not save my son, and give your wife to him, for my sake? Sire, replied Erasistratus, what you ask from me is unjust. Would you, even to save your own son, sacrifice your beloved wife? May the omnipotent gods direct my son to ask me for such a favor. With what pleasure would I readily sacrifice my wife and also my kingdom to save the life of my offspring. Thereupon Erasistratus quickly replied, Oh king, you have no longer need of a physician to save the life of your son; Stratonice, your own wife, is the woman he loves so deeply. Seleucus, full of joy and faithful to his vow, went and took Stratonice to the sick couch of his son, Antiochus, and he united them in marriage. (See Droysen, History of the Successors to Alexander.)

Erasistratus has also the honor to stand in history as the first vivisector. Although much abused for his experiments by Tertullian (*de animâ*, c. 10) and praised, to the contrary, by Celsus (*de medic. lib. i*) we must not forget that he always operated on criminals who had already forfeited their lives; and besides, the times in which he lived had kept something of that primitive ferocity peculiar to the ages anterior to Christianity. But how it is that, after vivisections, Erasistratus continued to believe that arteries did carry air instead of blood, and left it to Galen to correct such a mistake, is more than Renouard is able to understand, nor do we comprehend it.

As the writings of those great men and their successors at the school of Alexandria have been lost, we cannot retrace what advances they had made in medical science, but through the fragments which Celsus, Dioscorides, Pliny, Galen, Cælius Aurelianus, Aretæus, Oribasius, and others, have saved from them in their own works; and through those precious documents, after having admired the onward march of surgery, we contemplate with sorrow how the

zeal for cadaveric dissections gradually went down and ceased entirely. In proof of this assertion we refer to Galen himself. This faithful writer can mention but the names of five or six surgeons who practiced cadaveric dissections from those times up to his, that is to say, during the space of four hundred years.

From the time of Galen, in the second century, up to the foundation of the school at Salerno, about the year 640, which date nearly corresponds with the ruin of the Alexandrian library and school, there is no trace of cadaveric dissections. The Salerno school, itself, although practicing surgery, has no record concerning that subject.

We have now arrived in the middle ages; in those dark times where intellectual light appears but by scanty glimpses. Barbarian invasions, domestic wars, feudal oppression, had chased away all learning before their dreary path and forced it to seek refuge in convents. There the clerici, protected by church privileges and religious awe, could safely cultivate letters. There, also, did they study and practice medicine. As for surgery, they never ventured into any great operation. The reason for this draw-back is easily accounted for, if we recall to mind their deficiency in anatomical knowledge; the stringent laws published against surgeons by Theodoric, king of Visigoths, about the year 500, (the physician's contempt for both barbers and surgeons); furthermore, the prohibitions enacted by the church for its clerici, against all bloody operations; which prohibitions were successively confirmed by different councils, and conspicuously by the council of Tours, in 1163, where we read this sentence: "Ecclesia abhorret a sanguine." Of course, there was no room left after that for any great surgical operation or dissection. However, when the obligation of celibacy, which had been formerly imposed upon the clerici physicians (a sort of men who had prebends instead of wives), when, I say, that obliga-

tion was raised, in 1452, by Cardinal Etouville, then the principal obstacle to the full practice of surgery was, *de facto*, removed and its full development could be expected.

Nevertheless, there still remained the bull of Boniface VIII, against dissections, published in 1300. Holfinx, I am aware, tries to interpret it in a different manner. But let it suffice to say, in order to settle forever this question, that "the University of Tübingen, in 1482, was obliged to ask for a formal permission from Sixtus IV, before commencing any cadaveric dissection." (See Lauth, Hist. of Surg.)

The Arabs, who, we must acknowledge, were in those times far in advance of the Christians in everything concerning medical science, did not even, themselves, dare to dissect, prevented by the tenets of their religion. This abstention on their part is made evident from the works of their great surgeon, Abul-Kasim, at the end of the eleventh century. He minutely describes surgical instruments and operations, but does not give a single word about cadaveric dissections.

As the name of Abul-Kasim is now under my pen, I cannot help but point him out as the first surgeon who records a case of atresia vulvæ, but I forbear to mention the operation which he recommends.

From the above recital, we are justly entitled to think that nobody short of a hero could ever have dared to attempt cadaveric dissection. But nature is fruitful, and the surgical hero soon made his appearance in the person of Mondini de Luzzi. That celebrated man of the fourteenth century was then Professor at Bologna, where they used, as elsewhere, to dissect dogs and pigs. Feeling, as an anatomist, the deficiency of such a custom, he boldly and courageously put his hand to dissect two female bodies. The excitement therefrom was so universal and enthusiastic that five cities vied with each other for the honor of being his birth-place. But we are sorry to confess that Mondini

did not finish his task. His heart failed him when he came to dissect the heads of those corpses, and he stopped short, afraid that he was about to commit a mortal sin. Let us respect his religious feelings, in this land of religious liberty, and reserve for him but words of praise and admiration.

After Mondini, we have to mention, as a zealous dissector of the sixteenth century, Vesalius, the brilliant pupil of the good Fernel. First, we find Vesalius at Louvain, snatching, in the night, from dogs and birds of prey, the putrified remains of criminals. And again, in France, silently taking from the gibbet of Montfaucon, the dead bodies of the executed assassins and murderers, and all for the advancement of science! Finally, we again meet with him at the court of Madrid, under Philip II.

There he ventured to dissect the dead body of a Spanish grandee, but owing to the contractility of the muscles, excited by the metallic compounds of the scalpel, the heart of the dead senor seemed to move, hence, great excitement amongst the bystanders. Vesalius was obliged to fly and seek protection by the king from personal violence. Philip II, remembering the services rendered by the surgeon to his father, Carl V, of glorious memory, to his unfortunate son, Don Carlos, and probably some secret medical aid to himself, consented to shelter him; but, to satisfy public opinion, he ordered Vesalius to make a pilgrimage to the Holy Land in atonement for his sins. Vesalius obeyed, but on his return was shipwrecked on the island of Zante, where he lies buried. Poor Vesalius—but let us restrain regrets and commiseration, with the thought that, the tomb of a great man is not confined to a limited spot, but extends as far as the civilized world.

Philip II is the same most Catholic king who took for his wife, Madam Elizabeth, eldest daughter of Henry II, when she was betrothed to his son, Carlos. In order to possess her with more security, he had his own son sentenced to death, under the pre-

text of a conspiracy. Carlos was left the choice of death, and, like Lucan and Seneca under Nero, he opened his veins. In what striking contrast is the action of his Christian majesty, Philip II, when compared with that of the Pagan, Seleucus Nicator, previously referred to.

The successive foundations of clinical schools were, at last, the principal means established for the practice of cadaveric dissections. In those abodes dissections were legally instituted and continued with state protection, and to quote them in their chronological order, we will mention first, the clinical school of Padua, in 1578, which remains, by the researches of Comparetti and Tomasini, and in spite of Pinel (*Dict. of Medical Sciences*), the first in priority. Then come the other schools of Italy. Sixty years after Padua, we see the rise of the school at Leyden, then Montpellier, Paris,* Germany, with Vienna, under Joseph II, Denmark and England in 1745, and finally Spain and Portugal.

What remains to be said about amputations is almost all contained in the preceding researches. Like dissections, they were commenced at the school of Alexandria, and for the same reasons heretofore enumerated came but very seldom into practice. Guy de Chauliac, himself, in the fourteenth century, shrank from amputations. Several popes and cardinals did heartily join every liberal move in favor of science; sometimes they led it off, and, through their high protection and the facilities they subsequently offered to eminent surgeons, they well deserve tributes of gratitude from the medical world. This timidity in Guy de Chauliac is easily explained by the little encouragement he derived on that subject from the traditions of the Asclepiads and the Hippocratic col-

* The first legal clinical school did not commence in France until 1795, with Corvisart and Leroux, though, under Louis XIV, the surgical clinic of Duvernoy, Littre, Mery, Winslow, etc., had really founded that medical department, and to be more correct, we will add here, that Scotland had been far in advance of England.

lections. Celsus, to be sure, is more explicit and determinate. But religious prejudices had prevailed and the terrible sentence, "*Ecclesia abhorret a sanguine*" resounded too loudly in the ears of surgeons. At last, thanks to the clinical schools, and first of all, to the liberation of medicine from clerical rules, the great surgical operations were uniformly taught and practiced, till Ambroise Paré made his appearance to *renew a humane method and discard a barbarous treatment*.

St. Louis, 212 Walnut street.

Clinical Reports.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surg. Clinic of Prof. J. H. McIntyre, M. D.

REPORTED BY J. T. LAREW, M. D.

CHRONIC ORCHITIS—DEGENERATION OF THE TESTICLE—CASTRATION.

The patient, a negro man from Indiana, forty years of age, was presented to the class March 30. He was thin, anæmic, and gave a family history of cancer. Since last June he had suffered from a painful swelling of the left testicle, which had gradually grown to the size of a goose egg. The affected organ was proportionately enlarged, firm, smooth and at points tender, though but slightly painful when undisturbed. The scrotum was unaffected and freely movable.

In commenting on the case, Professor McIntyre remarked that the differential diagnosis was of some interest. The question might arise whether or not the tumor was of a cancerous character, since that disease had existed in the patient's family, but that must be answered in the negative. Only the encephaloid could have developed to the present size in so short a time and the tumor did not

accord with that variety. Scirrhus of the testicle was of rare occurrence. It grows slowly and is nodulated, which does not apply to this case. An obstruction of the vas deferens by saline concretions would likewise tend to augment the size of the organ, but the tumor would in that case be larger, soft and generally without tenderness. No mistake could be made with reference to scrotal hernia, hydrocele or hematocele, on account of the existing oval form and firmness of the tumor. Nothing is left, therefore, but orchitis. For an acute form of this disease there had been no provocation. The patient had been exposed to no exciting cause, either traumatic or infectious, nor had the symptoms been sufficiently intense; hence he was of the opinion that the tumor was the result of chronic orchitis, and felt persuaded that pathological changes would be found in the organ characteristic of that disease. This opinion gained additional strength from the fact that the patient had been subject from time to time to glandular swellings in different parts of the body, some of which had suppurated leaving disfiguring and contracted scars; moreover, the patient was evidently in a state of defective nutrition and anæmia. Since there was no hope of overcoming the structural disease by medical aid, the only means of relief left was the removal of the organ. This he would proceed to do, and, in performing the operation, would follow the antiseptic method, according to the precepts of Prof. Lister, in all its details, with which he had familiarized himself during his recent sojourn in Europe.

Accordingly two aqueous solutions of carbolic acid were prepared, one having the strength of one to twenty, the other one to forty. The scrotum was washed with the former solution and a jet of spray from an apparatus containing the latter solution was directed on the part and continued without intermission during the operation and subsequent dressing. The operator's hands,

instruments and sponges were first immersed in the former solution, and during the operation, when not under the spray, were kept in the latter.

The patient having been etherized, the scrotal sac was opened longitudinally, the testicle isolated and the cord tightly and thoroughly ligated *en masse* with a carbolized silk ligature. The testicle was then separated and removed, the wound closed with silver sutures, and covered with eight layers of antiseptic gauze, between the last two of which was placed a piece of "Mackintosh" (fine impermeable hat lining) to prevent the discharge from reaching the surface of the dressing.

This dressing was removed at the end of four days, and, as the spray apparatus was defective the antiseptic treatment was discontinued and the cold water dressing used instead.



Two weeks have elapsed since the operation and the wound is nearly healed. The patient has had no elevation of temperature, nor has he experienced any pain from the enclosure of the nerves of the cord in the ligature.

Professor McIntyre prefers the total ligation of the cord to that of the artery alone

as being more expeditious and equally as safe, provided the *ligature is tied exceedingly tight*.

An examination of the testicle after removal showed, in addition to chronic inflammation throughout its structure, a number of multilocular abscesses.

RARE MAL-PRESENTATION.

BY J. R. BRISTOWE, M. D.

December 6, 1879, at 6 P. M., was called to see Mrs. P., aged forty-one years. A midwife was present and had charge of the case up to my arrival. Found inferior extremities and body of the child through the os externum. Superior extremities firmly wedged with the head in the superior strait, one arm on each side of the head in the antero-posterior diameter of the pelvis, face looking to the right side of the mother and occiput to the left. Child dead. Woman stout, healthy, and had previously borne twelve children. Pelvis roomy and no complication except the malposition.

Operation.—First, laid open the cavities and removed the viscera, both thoracic and abdominal, to secure room for the hand in the vagina. Second, severed the left arm at the shoulder just under the pelvic arch and extracted it, after which had no difficulty in completing the delivery in a few minutes. The mother promptly recovered. I do not now recall a case of such malpresentation on record. It must be rare.

FARMINGTON, Texas.

JOURNALISTIC MALNUTRITION.—Dr. Edes (Boston *Med. and Surg. Journal*) gives some of the journalistic fraternity the following ill-natured thrust:

"Our magazines with their dense, hypertrophied, parti-colored capsules of advertisements, often extending like an interstitial inflammation within the somewhat scanty and anæmic medical parenchyma, represent a pathological state of professional nutrition."

Translations.

CHICKEN CHOLERA—PASTEUR'S NEW EXPERIMENTS.

(Translated for the Clinical Record.)

M. Pasteur's last communication to the Academy of Sciences and the Academy of Medicine upon chicken cholera, is not only the great scientific event of the month, but without doubt contains one of the greatest discoveries of the times. It is still the process of cultivating microscopic beings which forms the basis of the new experiments and which has permitted the grouping together in one sheaf of new facts that give us a glimpse of more correct scientific conceptions of the nature of diseases for the future, of a better treatment and protection, and a prophylaxis such as we have never been able even to dream of.

Under the name of chicken cholera is designated an epidemic disease of very rapid progress which depopulates the poultry yards. Loss of strength, depression, and an invincible somnolence characterizes it. A microscopic organism is the cause of this disease. It was discovered by Moritz and has been described particularly by Peroncito and Toussaint, of Toulouse. Of extreme smallness, when it multiplies it forms, with marvelous rapidity, immense quantities of new organisms so minute that they are not measureable by the microscope.

M. Pasteur has studied this organism as he has that of the bacteria of malignant pustule (Charbon), and has ascertained that it must have a peculiar medium of cultivation: chicken soup (bouillon de poule); other solutions, suitable for the culture of other microscopic organisms (microbes) are absolutely unsuited to its culture, it is reproduced badly therein, and perishes rapidly. There is a very curious relation between the medium of cultivation and the living individuals, of which one is suited to the development of an infectious disease, while

another animal species is absolutely refractory to it.

When this cultivated microbe is inoculated, or when the blood of a fowl dead from cholera is inoculated, the same effects, the same development of disease and rapid death follow, almost certainly, in every case.

Chicken cholera, like the most of the infectious diseases, appears to guarantee the individual that has had it against recurrence. If a fowl has recovered from cholera it may be inoculated without result with the blood of a choleraic fowl, it resists the development of the disease.

Now, and this is the capital point in M. Pasteur's communication, by a peculiar mode of cultivating the microbe he has succeeded in obtaining an enfeebled microbe, which is incapable of killing the fowl but of protecting it against the cholera contagion. The fowl inoculated with the modified microbe is sick, but it does not die, it always survives. After it has regained its health, if it be inoculated with the strong, normal virus, with the blood of a fowl that has died of unmodified chicken cholera, it does not die, it is not even made sick.

Thus, in every respect, M. Pasteur has created vaccination against chicken cholera. He has not yet disclosed his method of thus enfeebling the power of the microbe, but will make it known in an early publication. From this may we not see for the future a limitless field for therapeutics and prophylaxis?

What an influence is exerted by the soil upon the development of the micro-organism has never before been so well demonstrated. Certain animal species are entirely unaffected by it; upon others, the rabbit and the Guinea pig, a local lesion is produced in which the microbe multiplies and preserves its virulence, but does not generalize its action.

Finally, the micro-organism does not develop again in the individual in which it has once developed. Again, the chicken soup in which the microbe has been repro-

duced in abundance ceases to be a good soil for it. If it is filtered and thus cleared of these organisms which have been abundantly produced, but forming only an insignificant mass, the soup, although suitable for the development of other species of vibrios, no longer permits the production of the cholera microbe; it is worn out for this species as is the organism which has has once passed through the disease.

The transmission of this disease from one fowl to another is easy of accomplishment, for nothing more is necessary than to cause a fowl to ingest some of the paracites, and it soon falls a prey to the affection. Should the pus from an abscess, caused by inoculating an animal like the Guinea pig with the disease, should some of this pus containing quantities of vibrios be mixed with the food given to fowls, the latter are quickly affected with cholera. Hence there are two methods of contagion: the direct and the indirect, which throws light on many facts hitherto obscure.

As to inoculation, there is ordinarily produced a grave local disorder: induration, purulent infiltration and gangrene. The region swarms with micro-organisms. If the fowl has already been vaccinated, the local lesion is insignificant, the point affected throws off a small slough of no consequence.

Such, in short, are the facts which M. Pasteur has just shown to the Academy when he reminded the members of the works of Davaine, Chauveau, Klebs, Koch as well as his own, upon the part taken by vibrios in virulent diseases and upon their transformations. By experiment he boldly attacks the most difficult problems in general pathology, and we already see him in possession of most important information concerning the modes of transmission of diseases and the power of resistance acquired by the organism which has withstood one attack.

It is to be seen that what is called the germ theory has entered upon a new phase.

Pasteur's communication has produced a considerable sensation in the learned world, and we are willing to leave this sketch in the hands of the reader without further comment.—*Journal de Méd. et de Chir. pratiques*, March 1880.

Correspondence.

NEURALGIA FROM MENINGITIS.

Editor St. Louis Clinical Record:

DEAR SIR:—In the September number of the *St. Louis Courier of Medicine and Collateral Sciences*, just now fallen into my hands, there appears a paper by Prof. T. B. Lester, M. D., entitled "Relation of Neuralgia of the Fifth Pair to Meningitis," upon which I ask to be indulged in a few passing comments. The paper referred to appears to be a very carefully written one, and is based upon certain clinical observations by the author himself, running through the whole period of eight years, from December 1870 to December 1878. Having also been read in the Kansas City District Medical Society and published in the periodical aforesaid, it appears to me that it would be hardly courteous to the author should no one notice his paper at all, and especially as he has been engaged during the last ten years, as Professor of the practice of medicine, in lecturing upon this very class of subjects in the College of Physicians and Surgeons of this city, and who is, by the way, perhaps the most prominent if he is not also the most learned and vigorous thinker of the faculty.

The paper contains a report of four cases of supraorbital neuralgia, all resulting, according to the author, in acute cerebral meningitis, and it is the purpose of his paper, and its sole purpose, to show that these cases of meningeal inflammation were superinduced by neuralgia of the first branch of the fifth pair of cranial nerves, and that the relation existing between the

neuralgia on the one hand and the inflammation on the other, was the relation of cause and effect. In his efforts to show this "casual relation" the author devotes exclusively his entire paper, and he explicitly grounds that proof, solely and alone, first, upon the anatomical relations which exist between these membranes and that nerve, and, second, upon the pathological conditions which a neuralgia of the first branch of the fifth pair is able to set up in the meninges of the brain. I here quote his language: "It will be remembered that branches from all three divisions of the fifth pair of nerves are distributed to the dura mater, and follow the course of the meningeal arteries, a branch from the first division to the tentorium, and also that the plexuses of nerves found in the pia mater are in part supplied from the trigeminus." And in the next paragraph he says: "The vaso motor and trophic disturbances produced in the area of distribution of the sensory nerves are familiar to all observers, and it is in part through the agency of such disturbances that I shall seek to explain the supervention of meningeal inflammation in the cases of supra-orbital neuralgia which I shall relate."

It will be observed that the author thinks it necessary to the elucidation of his subject that he should very particularly inform the reader that branches from all three divisions of the fifth pair of nerves are distributed to the dura mater—that they follow the course of the meningeal arteries there, that the tentorium gets a branch from the first division, and that even the pia mater is in part supplied by the trigeminus.

Now, in the first place, the dura mater is not only not implied in the medical phrase, cerebral meningitis, but every respectable author of to-day expressly excludes the dura mater from any participation in the disease known as cerebral meningitis.

Flint, for example, whose book is, by the way, a text book in the aforesaid medical institution, says: "That the term cerebral

meningitis is applied to the pia mater and arachnoid and not to the dura mater, and when the dura mater becomes inflamed it is of traumatic and not of idiopathic origin and the inflammation follows *either an injury of the skull, disease of the bones, or a morbid growth springing from the membranes*, and the inflammation is also circumscribed," (Flint's Practice, page 597). Thus it appears that any distribution of nerve fibres from the fifth pair to the dura mater will not assist Prof. Lester in sustaining his theory of a "causal relation" between neuralgia of the fifth pair and cerebral meningitis.

In the second place, the pia mater—with all due respect to the author, is supplied by no branch, nor by one single fibre from any one of the three divisions of the fifth pair of cranial nerves, while the arachnoid is held by the best observers as absolutely nerveless. Hence it must appear that the author was singularly unfortunate in advancing the notion that cerebral meningitis, in the four cases reported by him, was set up through the mediation of the fifth nerve as distributed to the pia mater and arachnoid membranes, where no single part of such nerve is to be found, and that the dura mater was accustomed to be involved in cerebral meningitis when pathologists and pathological anatomy distinctly teach us to the contrary. But if the author's anatomy was even correct, which it is not; if any part of his "neuralgia-stricken nerve" was distributed, as he claims, to the parts which are uniformly and solely involved in cerebral meningitis, which no part of it is; and if the dura mater was accustomed to contribute its tissue to the inflammatory action of the pia mater and arachnoid membranes, which it certainly is not, even then it would be very difficult to show, upon any well-known pathological principles, how a neuralgia of the fifth pair of nerves could set up an inflammation in the previously normal membranes of the brain, certainly it cannot be shown upon

the principles relied upon in the paper I am here considering.

Now the author says that he "seeks to explain the supervention of meningeal inflammation" in the cases reported by him "through the vaso-motor and trophic disturbances in the area of distribution of the sensory nerves."

By the way of parenthesis I may here say that the assistance of any special nerves in the organism distinct from the sympathetic, which are either vaso-motor or trophic, is simply an obsolete doctrine, and no longer held by the more careful thinkers in the profession; nor would it be very easy to explain how there could be a trophic disturbance without a vaso-motor disturbance, nor how nutrition could at all be affected by nerve influence unless that influence was exerted through the vessels by the so-called vaso-motor nerves; for if the nutrition of a part can be made to depend upon anything more than the inherent activity of the cell itself, that must be a vaso-motor disturbance, and if a part is disposed to take on more nourishment than it is accustomed, this must depend upon the supply of the nourishing blood, and if this disposition to an increased nutrition does not already exist in the elementary part itself *it cannot be excited in that part by any hyperæmia whatever*. Hence, it appears to me that the author has no particular use for a trophic disturbance to establish a "causal relation" between a neuralgia and an inflammation. It only remains, therefore, to see whether or not there does exist the relation of cause and effect between a vaso-motor disturbance and an inflammation of a previously healthy part. In his work on cellular pathology, Virchow has thus clearly and curtly settled this question: "These very experiments, too, upon the section of the sympathetic nerve which I have already mentioned, have, as is well known, proved that an increased afflux of blood may last for weeks—an afflux accompanied by a marked elevation of temperature and corresponding

redness, as great, both of them, as we ever meet with in inflammations, without the production of the least enlargement in the cells of the part, or the excitation of any process of proliferation in them. Excitation of the nerves may be combined therewith—from which I draw the conclusion that these active—inflammatory—processes have their foundation in the special action of the elementary parts—an action which *does not depend upon an increased afflux of blood nor any excitation of the nerves.*"

Other passages might here be quoted from the same and other authors demonstrative of the fact that there is no correlation whatsoever between a hyperemia and an inflammation of a previously healthy part.

But in support of the existence of a causal relation between neuralgia and inflammation the author quotes from Erb a passage on vaso-motor disturbances in articular neuralgia and he then adds: Herpes zoster is a frequent occurrence in intercostal neuralgia, and herpetic eruptions, œdema and obstinate ulcerations often follow as results from other forms of neuralgic affections."

Now if he had read Erb a little more carefully he would have discovered that that author does not attribute the herpes zoster to a neuralgia but to a neuritis, not to a functional but to a formative irritation of the nerve, not to any neuralgia at all, but to a real and positive inflammation of the nerve fibre and its sheath. Erb says: "From the foregoing facts, however, one conclusion may very properly be drawn, namely, that where intercostal neuralgia is accompanied by herpes zoster a *neuritis of the nerve* may be regarded as the cause of both phenomena." (Zeimssen's Cyclopædia, Vol. XI, page 157). Now, although neuralgia and neuritis are fundamentally distinct affections, their symptoms do, nevertheless, sometimes very closely correspond. In both of these there are remissions and intermissions with nocturnal exacerbations,

delirium, stupor, coma, etc. It appears to me, therefore, that the author, although a very good diagnostician, may have had on hand, in the cases he reported, a neuritis instead of a neuralgia, and in that case the involvement of the cerebral meninges could have been placed upon better grounds, even if there were no anatomical connections between the affected parts.

But I must here briefly notice another and only one other position taken by the author, and which he appears to hold as a very important one in the discussion of his subject. He says: "It is a fact familiar to us all that pain, or the irritation of a sensory nerve, will produce hyperæmia of the locality to which the irritated and pain-stricken nerve is distributed." On the next page he says, "that in the early stages of supra-orbital neuralgia there is no dilatation," but by and by that "dilatation begins; the conjunctiva becomes injected, the temporal arteries and other vessels of affected part *dilated under the influence of the pain upon the vaso-motor nerves of affected areas.*" Now I cannot concur with the author when he says that "pain or the irritation of a sensory nerve will produce hyperæmia in the vessels to which it is distributed," but on the contrary I have all along been accustomed to think that such an irritation would produce precisely the reverse. Still, in another place, he says: "We soon find the temporary contraction of the blood vessels give way and dilatation begins under the influence of the pain upon the vaso-motor nerves." Thus while he would seem to say *implicitly* that the contraction of the vessels is due to the irritation of their sensory nerves, he very explicitly affirms that the dilatation of the vessels, and therefore the hyperæmia, is "due to the influence of the pain upon the vaso-motor nerves." Now if it is the function of the vaso-motor nerves, upon the reception of a stimulus, to produce a contraction of the vascular coats, it surely can-

not be their function also to produce the opposite of this—a dilatation!

The simple truth is, that when an excitation, or, if you please, an irritation is impressed upon the nerve supplying a vessel the muscle-fibre cells of that vessel contract, diminishing at the same time the caliber of the vessel and the supply of blood; and if there should afterwards take place a dilatation of the vessel, that dilatation does not take place by virtue of any influence transmitted by the nerves, but in spite of any influence which they are capable of exercising. Of that portion of the author's paper which would properly fall under the head of the "collateral sciences," such as philology, grammar, logic, etc., I will here have nothing to say, although I must confess that it also is entitled to a respectful consideration.

A. L. CHAPMAN, M. D.

KANSAS CITY, MO.

MEDICAL MATTERS IN FIJI.

[We are sure that our readers will be interested in the following letter, for which we would express our obligations to the writer, who is United States Commercial Agent at the principal port of these little known islands.—EDITOR RECORD.]

LEVUKA, FIJI, Feb. 2, 1880.

Dear Doctor:

Finally, after boring, if you please, for a period of some nine weeks, a physician of this place, a graduate of a university in Scotland, I am enabled to fulfill the promise I gave you on my departure from St. Louis, to send you an article on medical matters for your periodical. I cannot but add that when we did get at the work he was ready and willing, as you see, from the following, to do his very best in furnishing me with all the intelligence which can be obtained on the, by you, desired subject, although, as said above, it took no less than some nine weeks of talking to the doctor, until I finally achieved the task of

pinning him down to the work. Moreover, he wishes me to tell you, that if the below data or kindred items are of interest to you or your periodical, he is perfectly ready to answer any questions you may ask by me. The data are taken from the records of the hospital in this place for the year 1878:

Diseases among the natives for 1878:

Rheumatism 19 cases, pulmonary consumption, 6, varicella 1, ophthalmia 3, colic 2, scabies 17, erysipelas 1, hydrocele 2, venereal 31, pleurisy 1, diarrhœa 5, synovitis 2, dysentery 27, ulcer 10, amaurosis 1, bronchitis 4, frambœsia (in Fijian, "thoko") 3, continued fever 2, abscess 5, tetanus 2, scrofula 2, asthma 1, sycosis 1, orchitis 1, pneumonia 4, debility 6, tuberculosis 3, jaundice 1, tumor 1, gangrene of large intestines 1, carbuncle 1, tokalau ringworm 1.

Diseases among the whites for 1878:

Cystitis 3, venereal rheumatism 1, amaurosis 1, venereal 4, continued fever 1, gastric catarrh 1, adenitis 1, dysentery 15, abscess 1, rheumatism 4, debility *e potu* 10, mania 1, pneumonia 1, ulcer 4, ophthalmia 1, tetanus 1, carbuncle 1.

Deaths among natives for 1878—their cause: Diarrhœa 2, debility 1, dysentery 6, abscess 1, tetanus 2, bronchitis 2, pneumonia 3, pulmonary consumption 5, gangrene 1, continued fever 2; making a total of 25 deaths.

Deaths among whites in 1878—their cause: Dysentery 4, tetanus 1; 5 deaths.

The most serious and troublesome disease in this group of islands, which prevails in an acute and chronic form, is dysentery. In the acute form it is not usually attended with much fever, and if treated in time and in a proper manner, patients generally recover. In the chronic form the disease is much more intractable, lasting a long time, and not much benefited by any method of treatment at present known. Dysentery, on two occasions, in Levuka, has assumed an epidemic form. The first occasion was during the epidemic of measles, when it occurred as a sequel to that disease. The

second occasion was in December, 1879, on the voyage here of a labor vessel from the New Hebrides to this port, when, through overcrowding and bad weather, confinement, want of ventilation, the disease assumed a very virulent form, and spread by infection even after the people were landed.

In acute dysentery the remedy here resorted to is ipecacuanha and opium with occasional aperients.

Fevers.—During the last five years there have been here about ten cases, of which, perhaps three or four proved fatal. In not one of these cases has the cause of the disease been successfully traced.

The only other fever which has been observed here is the so-called "continued fever," which generally runs its course in about three weeks, ending in recovery.

Malarial fevers are unknown in Fiji, except when brought here from other groups of islands.

"*Coup de Soleil*" is not of frequent occurrence in Fiji. Within the last eight years we have had in Levuka, say, two cases among whites and six among natives, which generally proved fatal.

Tetanus.—All cases of this disease excepting one have been traumatic. With the one exception, which ended in recovery, all died. The treatment generally adopted is large and continued doses of chloral and bromide of potassium.

Acute rheumatism is not common in Fiji.

Conjunctivitis.—This disease is very common in this group, and in its usual form contagious, and may be at times epidemic.

Diseases of the respiratory system are infrequent in Fiji.

Hepatic diseases are infrequent, considering that ours is a tropical climate.

Renal diseases are almost unknown.

Venereal diseases have not spread as extensively as might have been anticipated.

Hydrocele is common amongst natives and not infrequent amongst whites.

Cancer.—Three or four cases during the

last eight years have occurred in females affecting the mamma. A few cases within the same period of epithelioma.

Elephantiasis is moderately common in Fiji amongst natives, affecting the scrotum, the legs and arms. It has not been known amongst whites in this group.

Diseases of the skin are common in Fiji. Amongst natives, scabies is frequent, but is easily cured, and does not seem to be as contagious here as in other countries.

Ringworm occurs occasionally in the ordinary form. A new form of it has been imported from the islands near the equator, which is known as "Tokelau ringworm." This disease is now spreading among the natives in the mountains of Viti Leon, the largest island of this group, though not here in Levuka, where the natives use the cocoanut oil largely on their skin. The following description of this new importation is taken from a Manual on the Skin and other Diseases of India and Hot Climates Generally, by Tilbury Fox, M. D., and T. Farquhar, M. D., London, 1876, Messrs. Churchill, New Burlington street:

"The disease is clearly a form of ringworm (tinea) dependent upon the growth amongst the cuticle cells, of a vegetable fungus. The general features of the disease, in its mode of onset, its progress, symptoms, and naked-eye characters, are those of an exaggerated tinea unquestionably. There are points of difference, however. In the 'scrapings' of cuticle we have found abundant evidence of a vegetable fungus of a most luxuriant kind. *This fungus exists in great abundance; but though so plentiful, its presence may readily be overlooked, unless a very thin layer of the 'scrapings' is examined.* * * * * * We have said that, as compared with exaggerated tinea circinata, Tokelau ringworm offers some points of difference. We think these do not refer to essential features of the eruption, but rather to those which are accidental, viz: to the infiltration and the scaliness; and these differences are to be explained, we think, by the greater luxuriance and amount of fungus present which necessarily cause a greater degree of inflammation. It is not necessary to suppose

that the fungus is a special one; the differences referred to will be equally accounted for if it should turn out that the parasite is a modification—a more luxuriant form than usual—of the trichophyton."

The above would not be complete if I did not append the number of inhabitants of this place, although many are sent to this hospital from other islands of the group. The following figures were kindly furnished me by the Registrar: Whites, 806; natives, 735, in Levuka.

Yours most sincerely,

HENRY S. LASAR.

SCROFULA.

Editor Clinical Record:

DEAR SIR:—We had the pleasure, a few evenings since, of forming the acquaintance of Prof. Louis Bauer, and it was indeed a pleasure. We like the professor very much, and that for which we most admire him is, that he is the proprietor of his own brains.

He delivered, to an assemblage of medical gentlemen, (all of whom, I feel assured, are now his friends), a very interesting homily on the subject of Scrofulosis, or rather, I should say, against the existence of the scrofulous diathesis. He made this negative affirmation in the beginning and brought very strong argument in support of his opinion. He gave the history of the origin of the hypothesis of the scrofulous diathesis with the humoral pathologists, and gave them full credit for consistency in applying the treatment they did, which was to expurgate the blood of what they believed to be an entity dwelling therein and ever ready to manifest its influence for evil on points vulnerable, either from accident or otherwise. He showed the fallacy of supposing that any disease with one or more local manifestations depending on a constitutional cause, could be cured by purely local treatment, which he had often seen done in local diseases that were said to be strumous.

On the subject of the transmission of

struma, he was not so clear as we should have desired, but as time was limited, questions were not asked and there was no discussion.

If the Professor, in denying the transmissibility of scrofulosis means that there is no transmission from parent to child of the conditions which render that child liable to suffer with those forms of disease which have been called scrofulous, we cannot yield assent to his teaching.

Now, while we admit that there is no such entity as "scrofulosis" producing the diseases "scrofula" and "tubercle," and possessing the power of propagation by transmission from parent to child, we do believe, and we believe it from one of Prof. B.'s strong arguments, viz: facts, that the conditions of the organism transmitted from parent to child do lead to the manifestations hitherto called scrofula.

As just intimated, we believe that scrofula is a result of certain defects of organization, and while Prof. Rokitsansky may be, and undoubtedly is, correct in saying there is no *pathology* of scrofulosis, we believe it will be shown by sufficiently extended research that it has a *morphology* and that this consists in defect in the organs whose function it is to maintain the vital structure.

A primary defect in the organs that preside over the organization may exist to such an extent that the life of the individual cannot be sustained beyond a few days or months; or, with a better, yet defective organic apparatus the individual may, after a few years, yield to the strains of indiscretion or unfavorable surroundings, when the symptoms called scrofula are manifested. With a still better, though defective, organic apparatus, a severe shock, such as an attack of sickness or a traumatic injury is required to develop the weakness when we have slow or imperfect recovery, sluggish inflammatory action with long-continued suppuration—we have scrofula—while with a perfect development of the organic apparatus all diseases assume a more active char-

acter; causes of depression within the system are resented and thrown off and recoveries are prompt both from disease and injury.

Now that the child inherits its physical development from the parents requires no argument to prove, and since every individual will display vital force in proportion to the development of those organs which preside over the construction and maintenance of the organism, the weaker, if possessed of enough vitality to preserve life for any length of time, manifesting those symptoms called scrofula, it must be admitted that these scrofulous (or tuberculous) children are indebted to their parents for the feeble organic apparatus which is unable to resist depressing influences and preserve the health of the organism.

The parent may not have labored under any defect of organization but from accident, indiscretion or unfavorable surroundings may become diseased and transmit a defective organization and transmit his defect. If these defects should be in the apparatus of organic life we have the predisposition to diseases indicative of deficient vitality, we have the "*scrofulous diathesis*."

I am very truly yours,

D. H. DUNGAN.

LITTLE ROCK, March 24, 1880.

A SENSITIVE GENTLEMAN'S APOLOGY.

1342 SPRUCE ST., PHILADELPHIA, PA.

Dr. W. B. Hazard, Editor of the *St. Louis Clinical Record*:

SIR:—I have only, to-day, received from Mr. Lea, the number of your journal for Feb., 1880, which will, I trust, account for my delay in writing.

I find, on reference to the January number of the *Supplement to the Obstetrical Journal of G. B. & L.*, that your journal did not receive the credit it deserved for Dr. Hartshorne's article.

I am surprised that you should have seen

fit to refer to the matter in such a tone, for I had supposed that an editor of any experience would have known that editors are like other men, and sometimes make mistakes.

The omission was entirely accidental, and I cannot account for its occurrence, as I have always endeavored to be exact in giving credit for all that I have taken. You are, however, entitled to an apology for my oversight, and I now make it.

In conclusion, I will only say, that I am not familiar with the manners of Western journalists, but I do not think that it is the custom of gentlemen, in any part of the world, to couple a threat with a request for an explanation.

Yours truly,

J. V. INGHAM,

*Formerly Editor of the Supplement
to the Ob. Jour. of G. B. & I.*

3-4-'80.

[We heartily regret having injured the sensibilities of this hyperæsthetic Philadelphia ex-editor. It is fortunate that he has seen fit to abdicate. The "neurasthænia" occasioned by a too vigorous use of the editorial scissors is unmistakably apparent. As the American Supplement to the *Obstetrical Journal of Great Britain and Ireland* was confined to clipping from our ex-editor's American exchanges, it is evident that the wear and tear of nervous tissue was too great for any one man to endure. We are content to accept his apology in the spirit in which it is given.—EDITOR RECORD.]

Extracts and Abstracts.

TOBACCO SMOKING.—Mr. William Pratt communicates to the London *Lancet* a very instructive letter on this subject from the late Professor Parkes, one of the most eminent authorities on hygiene of this century. Professor Parkes states that he has himself tried to collect evidence from moderate smokers, both medical men and others, and

when tolerance has been established, he has never been able to make out any symptoms which implied injury. We quote:

"In the case of many medical men whom I have asked to study their own condition, the answer has always been the same, viz: they could see no harm or disturbance of any function. Even in some cases of enormous smokers, i. e., men who were rarely without a pipe or cigar, I could learn of no injury.

On the other hand, I have seen, like all of us, men complaining of dyspepsia, nervousness, palpitation, etc., and who were much better for leaving off smoking; in fact, in these cases there could be no doubt of an injurious effect.

In boys of fourteen or fifteen who begin to smoke I think I have observed that tolerance is slowly attained; that appetite is less, and I presume digestion and nutrition less good, and that the complexion becomes pasty and less florid and clear. * * * * That some injury, therefore, is sometimes produced, and especially on young people, seems to me quite clear; but it is curious, in other cases, how difficult it is to find ill effects, even in the young, when the quantity is not excessive.

As to the effect on the young even, it is curious, in Burmah, to see children smoking in their mother's arms; and yet, when I was serving in Burmah, many years ago, I often saw a woman walking along smoking her cigar of tobacco rolled up in a plantain leaf, and carrying on her hip her child of two or three years old, who also had his or her little cigar, which was smoked with the greatest gravity. On talking to the Burmese (who smoke constantly), they would never allow that even young children were in the least damaged. When I was in Turkey I tried to make inquiries of some of the intelligent Turkish gentlemen; one or two of them said that they thought the Turks had learnt to smoke from the Europeans, and had been growing apathetic and dull ever since. But others laughed at this, and the rural Turk, who smokes a good deal, is a fine, active, energetic fellow. I have talked to many Germans, who all stand out manfully for tobacco.

In conclusion, I confess myself quite uncertain. I can find nothing like good evidence in books; too often a foregone conclusion, without any evidence to back it, is given. I think we must decidedly admit

injury from excess; from moderate use I can see no harm, except it may be in youth."

BROMIDE OF ETHYL.—Dr. Isaac Ott, of Philadelphia, writes for the *Detroit Lancet*, April, 1880, an account of the physiological action of this new anæsthetic agent. Comparing its action with other agents of this class, he reaches the following results:

1. Chloroform increases the pulse, then slows it by a cardio-inhibitory stimulation; ether increases the pulse; nitrous oxide also increases it by paralysis of cardio-inhibitory apparatus, whilst bromide of ethyl increases the pulse by an action on the heart itself.

2. Chloroform reduces blood-pressure by paralysis of the main vaso-motor center and cardiac debility; ether greatly increases it, and keeps it increased; and nitrous oxide also increases it. Bromide of ethyl increases it by a stimulation of the spinal or peripheral vaso-motor system.

3. Chloroform increases and then decreases respiration; nitrous oxide reduces it. Bromide of ethyl decreases it by a central action.

Dr. L. Turnbull, of Philadelphia, was the first to try this agent as an anæsthetic upon man. His lecture upon its use may be found in the *Medical and Surgical Reporter* for March 6, 1880. He found it to possess the following properties:

1. It is an anæsthetic which, with care, may be safely administered to man and animals.

2. It is more rapid in producing anæsthesia than even chloroform, and is eliminated by respiration and the kidneys more rapidly than any other of this class of agents.

3. The heart and respiration are but very slightly affected, unless employed in excessive quantities.

4. Vomiting is more rare than with ether or chloroform.

5. Owing to its odor being more rapidly removed, it can be used with comfort in a private office or the patient's chamber; and as a rule, the odor is more agreeable than that of ordinary ether.

6. Hydrobromic ether not being inflammable, and producing its anæsthetic influence on the muscles of the throat, any operation can be performed on the mouth and throat with satisfaction to the surgeon and comfort to the patient.

7. In vivisections it acts more promptly than ether upon animals, requiring, as a rule, only two minutes to bring a dog under its influence, and is not fatal like chloroform.

He has also employed it as an anæsthetic in labor, with the best results. It did not interfere in the least with the expulsive efforts, and no hemorrhage followed its use.

Dr. R. J. Levis, of Philadelphia (*Medical Times* and *New York Medical Record*), has had excellent results from its use. He proposes the terms "ethylizing and ethylization" when speaking of its administration to the human subject. He expresses himself thus strongly: "I express my conviction that it is practically the best anæsthetic known to the profession." He says it should be given rapidly, so that the patient shall receive the entire amount in a very short time.

Dr. J. Marion Sims gives his experience with ethyl bromide in the *New York Medical Record*. He reports his third case as a fatal one. The operation was that of Battey's for removal of the ovaries. It lasted one hour and a half, and five ounces of the ethyl were used. The patient recovered rapidly from the anæsthesia, but most distressing retching, vomiting and delirium followed, with death twenty-one hours afterwards. Cirrhosis of the kidneys was found at the autopsy. Dr. Sims blames the ethyl for the fatal result, but it appears to us that death might have resulted in this case just as soon if no anæsthetic had been used.

IS ACONITE A DIURETIC?—Dr. G. Hunter Mackenzie (*London Practitioner*, Jan. '80) has tested the drug in aortic and mitral cardiac disease, and found that there was always a decrease in the amount and specific gravity of the urine. In one case of Bright's disease, same result. In cases of phthisis (febrile) the amount was increased. [These results might have been foreseen from our knowledge of the physiological action of the remedy.]

KANGAROO LIGATURES.—Mr. Girdlestone, of Australia, recommends carbolyzed Kangaroo-tail tendons for ligating arteries. Would not bull's-tail tendons do as well?—*Louisville Medical News*.

LAGER BEER as a remedial agent is highly praised by Dr. Jesse Ewell (*Virginia Med. Monthly*), especially in albuminuria, stone in the pelvis of the kidney, etc. He thinks it worthy of a trial in *Bright's disease*.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - APRIL, 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE REDEMEIR MURDER.

On several occasions we have taken note of the trial of Henry J. Redemeir for the killing of Franz Vosz, and of its results. A brief *resumé* of the entire case may be in order:

On June 19, 1878, Franz Vosz, a respectable German, aged about sixty years, was engaged with one of his workmen in placing a large stone (about three by four feet square and six inches in thickness) in the foundation of a house that he was building. The defendant, Redemeir, had been noticed for about half an hour sitting upon a stone fifteen or twenty feet distant. Redemeir was not employed by Vosz, and there had been no conversation between them, although they were neighbors and acquaintances. Suddenly, without any warning of any kind, the accused arose from where he was sitting, approached Vosz and, applying the muzzle of a revolver to his head, shot Vosz, who fell and immediately expired. The workman who was assisting Vosz asked Redemeir: "How do you kill your friends?" upon which the latter shot again into the already dead body, saying, "This is the way I do it." Redemeir then walked leisurely away and was arrested a short distance from the scene of the homicide. The Coroner summoned a jury and investigated the cause of death.

At the inquest the prisoner was perfectly calm and collected and stated that he simply acted in self-defense, as Vosz and his workmen were preparing to kill him with the rocks they were handling. An excited crowd of several hundred men collected prepared to hang the prisoner. A squad of thirty policemen had great difficulty in preventing the execution by mob law. Redemeir seemed perfectly indifferent as to the result of the struggle between the mob and the officers of the law.

An indictment was found against him charging him with murder in the first degree. When called to plead to the indictment in open court, he pleaded *guilty*. The effect of such a plea was explained to him by the court, but he insisted upon entering this plea. The judge again and again explained the effect of so doing, but he persistently refused to heed what was told him, and the death sentence was pronounced with great emotion by the judge, Redemeir stating simply that he was guilty, but had acted in self-defense, as he could show when he should have a trial.

The court had appointed A. N. Merrick, Esq., to defend him, but the attorney was not present at this remarkable scene. A few days later the sentence above referred to was set aside by the court and the trial was set for the following December.

The plea of self-defense was the only one that could be drawn from him by his attorney. This was so evidently absurd that that of insanity was set up in his behalf. To this he strongly objected, stating that his attorney was "a crazy man" to think of such a thing.

The trial took place in due time, and Drs. O. H. Hughes and J. K. Bauduy testified that "the individual mentioned in the hypothetical case" (Redemeir) was not insane, although they had never examined him. An experienced physician (an "eclectic" practitioner) who had examined the prisoner in jail, pronounced him insane. One of the "regular" gentlemen gave the

lucid definition that follows: "Insanity is a disease of the neurine batteries of the brain!!!" Upon this sort of testimony the prisoner was speedily convicted, and in due time sentenced to be hanged on St. Valentine's day, February 14, 1879, much to the gratification of the daily prints that had been industriously fanning the passions of the people to light up as great a flame as possible against the "insanity dodge." The manifest want of motive, except that set up in an insane mind by the presence of a delusion of mortal terror, had no effect upon the opinions of the pair of professional experts.

The case was carried to the Court of Appeals, which affirmed the sentence of the lower court. Thence it went to the Supreme Court of the State, which, by a majority of one, affirmed the finding of the inferior tribunals. The prisoner was resented to die on April 23, 1880.

The writer visited the prisoner four times after his conviction, and he presented so many evidences of mental unsoundness, that an affidavit was drawn up setting forth reasons for considering the accused as now insane and, hence, unfit for execution, which was submitted to the Sheriff of the city for his consideration. A jury of twelve "good men and true" was then convened by that officer to try the question, "Has the prisoner *become insane since his conviction?*" The true intent of the law being evidently to ascertain the actual condition of the prisoner on the eve of execution. This just meaning of the statute was grossly perverted by the jury, composed of admirable men of business, but hardly capable of construing the intent of statute law. This gross violation of all that was good in the provisions of the statute was due to the influence of the Circuit Attorney, whose whole conduct showed that he was bent upon hanging his man rather than in having justice done. (That able officer having a temporary appointment from the Governor, and evidently laboring under the "insane

delusion" that his chances of election the coming Autumn will be the greater the larger number of hangings he secures). In this he was ably seconded by the Sheriff's legal adviser, who was a blood relation of the witness for the State.

The most remarkable feature of this most remarkable legal farce was the testimony of the principal prosecuting witness. This gentleman had not been requested to give his opinion—in fact the jury had excluded all testimony relative to the acts, words or appearances of the prisoner other than those presented since the conviction.

The witness was exceedingly anxious to testify; stated that he had no time to waste, as a woman then in labor demanded his cares; in fact, played the rôle of the extremely "busy practitioner" to perfection, evidently for the purpose of advertising his extensive practice with the jury! That this was a case of false pretenses is evident from the fact that when he had gained permission to go upon the witness stand, for the purpose of explaining the position in which he had placed himself by an unfortunate letter he had written, he occupied the best part of an hour in a speech for the prosecution, and staid about the court room after the adjournment. Such an indecent exhibition of pseudo-scientific "stump-speaking" was never before witnessed in St. Louis. If the witness had really desired to do exact justice to the unfortunate prisoner, there had been plenty of opportunity in the sixteen months that have elapsed since conviction for a personal examination of the accused. This he has consistently declined to do. We can explain this only on the theory that *he was afraid of being convinced of the prisoner's insanity*. So much for the conscientious regard for duty so persistently paraded before the public by this professional expert. The prisoner has absolutely *no money* to pay for a *favorable* opinion, which goes far to explain the facts as stated above.

The jury found the only verdict possible

under the circumstances: That the prisoner has not *become* insane since his conviction. The question as to his present mental condition was not entertained.

If the prisoner was insane at the time the act of homicide was committed, as we firmly believe he was; and if he is now insane, of which we have not the shadow of a doubt, then, unless the Governor or the Supreme Court interferes, a judicial murder will be committed on April 23, 1880. This will be all the more atrocious because it has the support of alleged scientific medical authority. Heaven save the mark!

GYNECOLOGICAL PSYCHIATRY.

The earnest call for lunacy reform, to which we have had occasion to refer, has at last borne fruit. To be sure, it is not of that high order of excellence which the reformers would like to see produced, and we presume that it will call for some unfavorable criticism; yet it can not be disputed that "something has been done."

The mismanagement of the lunatic asylum on Blackwell's Island, N. Y., had become so notorious last year that a new board of visitors, or consulting physicians, was organized, composed of "political doctors," many of whom had never had any experience of any moment in ordinary practice, while none of them had gained any reputation in the treatment of nervous affections. Nothing good was to be expected from such a board; but we had no suspicion that the official position thus reached would be made use of to recklessly trifle with human life. That such was really the case, however, is fully shown by the following facts, for which we are indebted to the *New York Star*, of March 21, and the *New York Truth*, of March 29:

Mary Ann Mullin, single, aged twenty-seven years, previously employed in a book-bindery, became insane in October, 1879. Her parents were poor people, unable to support their unfortunate child at

home, and she was therefore admitted to the city asylum on Blackwell's Island, in that month. Her case was one of melancholia; at times varied by attacks of "hysterical" excitement, at others by a condition approaching catalepsy in appearance. It seems that the advisory board referred to concluded that her affection was purely "hysterical" in character, and reasoning, apparently, that hysteria depends upon some disease of the ovaries, concluded that Battey's operation of spaying was *the* remedy to be applied. Tuesday, February 17, was accordingly set apart for this "new surgical procedure for the cure of insanity." Dr. Montrose A. Pallen, formerly of St. Louis, was the originator of this novelty in the therapeutics of mental derangement. His definition of melancholia would seem to read something like this: "Melancholia is a disease of the neurine batteries of the ovaries," certainly an important modification of the general definition of mental disease now current in St. Louis. We are anxious that Dr. Pallen should have full credit for this brilliant scintillation of genius, hence we quote his claim to priority as given to the reporter of the *Star*:

"So far as I know it was an original idea to perform such an operation for catalepsy. * * * I believe that it would have cured the disease called catalepsy had not peritonitis unfortunately set in after the operation had been performed."

Strangely enough, although both ovaries are reported to have been perfectly healthy, peritonitis did set in. The poor girl, in the delirium excited by this extensive, fatal inflammation, piteously begged to see her parents, and that a priest might be summoned to administer the last consolations of religion, but every one was rigidly excluded, apparently that no information of this needless butchery should ever reach the outside world. Three days later, Mary Ann Mullin died, a victim to vivisection—for it was nothing else. Some of the nurses, horrified at the brutal exclusion of the priest from the dying victim, left, and

by this means the scientific world has been put in possession of the scientific(?) facts.

Some of the ancient anatomists made vivisections upon the living criminals who had forfeited their lives, been duly condemned to death, but who had been given to those early investigators that humanity might gain through the experiments of the semi-barbarous men of science. We instinctively regard such barbaric attempts to learn the secrets of nature with abhorrence and disgust. In these later times, when humanitarianism has reached such a luxurious growth, a large proportion of the refined classes look with equal horror upon experiments upon living animals, and "anti-vivisection" associations are powerful in England and some of our own cities. This sort of sentimentality may safely be encouraged. The Society for the Prevention of Cruelty to Animals may henceforth flourish as it may. These may monopolize the sentimentality of our people. After this example set by a high official, the lunatic asylums of the country may be utilized, especially the pauper institutions. Material for vivisections will be furnished in plenty. Such a field for the demonstration of the functions of the different organs and tissues of the human body was never before thrown open to the medical student.

EUCALYPTUS EXTRACT.—Mr. Sander, of Sandhurst, Australia, was in our city a few weeks since, introducing this new preparation to the notice of the profession. He has distributed a very large number of samples, and is anxious that the great virtues claimed for the article should be carefully tested and proved by each practitioner in actual practice. Mr. S. evidently has the greatest faith in it himself, and from the limited time we have been able to devote to an examination of it, we are inclined to share his enthusiasm in some degree.

This so-called extract is an essential oil distilled from the leaves of the *Eucalyptus*

globulus, has a pleasant, ethereal, camphoraceous odor, and is exceedingly volatile.

We have used it, personally, and find that, applied to an aching, carious tooth, it relieves the pain almost instantly; in a troublesome headache, following loss of sleep, inhalation of a few drops gave prompt relief. It appears to be an excellent disinfectant and deodorizer.

We have the promise of an article on its therapeutic and disinfectant properties from the pen of our distinguished contributor, Prof. Louis Bauer, M. D., which will appear in our next number. Dr. B. is making extensive tests of its properties, and so far, we understand, he is greatly pleased with it. We had hoped to present this article in the current number, but the author has been unable to complete his experiments in time.

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"RATTING."—This is an expressive term devised by the Printer's Union to designate those workmen who resort to under-hand measures to supplant their more honorable fellows. "To rat" means under-bidding, particularly. It is recognized as a most dishonorable breach of "printers' ethics." When a printer is detected in any such nefarious act, the typographical fraternity throughout the United States and Canada is notified of the fact by a circular headed with the effigy of an enormous rat, life-size, containing a full description of the culprit, his name, age, complexion, stature, etc.

When a man is detected in a violation of gentlemanly, professional ethics, such as "cutting rates" with parties well able to pay, corporations and others, would it not be well to place him in the pillory of public contempt by publishing him as "a medical rat?" We offer this as an ethical suggestion which, if adopted, could easily be exemplified.

♦♦♦
QUININE still shows no disposition to fall in price, but the cheaper substitutes now put upon the market bid fair to accomplish more in this direction than all our crack-brained free-traders have been able to do.

by meddling with the tariff. With Dextro-Quinine and the Tasteless Antiperiodic, the Alkaloid Cinchona, the country can well afford to lessen its use of quinine until the foreign manufacturers and "importer's ring" are brought to their senses. •

In the meantime, it will be well for practitioners who are compelled to use quinine to remember to use only the American article, which has always given satisfaction. In prescribing Warner's sugar-coated quinine pills, they will always be certain that no substitution of an inferior or adulterated foreign made article is possible. These pills are full weight and have invariably given us full satisfaction.

OUR Correspondence department will be found unusually interesting this month. Not all of it is from Fiji, still, as will be seen, man preys upon his fellow man all through this interesting department of our journal (metaphorically speaking, of course).

PASTEUR's recent experiments seem to demonstrate that bacteria are real entities, and not merely the creatures of a passing medical fashion. The germ theory has more in it than some of our elders believe. "Facts are stubborn things."

Book Notices and Reviews.

A TEXT BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. Third Edition, Revised. 12mo. pp. 808, with illustrations. New York: Macmillan & Co. 1880. St. Louis: H. R. Hildreth Pr'tg Co. "Student's edition." Cloth \$2 50; Leather, \$3 50.

In the January number of the CLINICAL RECORD Prof. Spitzka, of New York, reviewed at length, ably and critically, the larger edition of Foster's most excellent "Text-Book of Physiology." All that was then said by the distinguished Professor of the larger edition can be endorsed and em-

phasized in relation to the "Student's Edition." Every sentence shows careful and mature thought and the student, at the outset, will have to make up his mind that Foster's work requires *study*, and not simply a cursory reading. The work is not too large for a text-book, is well illustrated, and its method clear and logical. While its arrangement is new and a little out of the usual order, as exemplified in the body of the work, and especially in the appendix; still it will be found eminently practical and fully up to the present advanced status of this most important branch of medicine.

We say, unhesitatingly, that Foster's work is a credit to his scholarship and research, and that it will be accepted everywhere, by both student and practitioner, as reliable authority. It is the very cheapest, most largely read text-book, and should be in the hands of every medical student.

R. M. K.

SORE THROAT, its Nature, Varieties and Treatment; Including Connections between Affections of the Throat and other Diseases. By Prosser James, M. D., Lecturer on Mat. Med. and Therapeutics at the London Hospital, Etc., Etc., Etc. Fourth Edition. 12mo. pp. 318, illustrated with hand-colored plates. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$2 00.

The reproduction of James' little work is worthy of note. Several large editions have been rapidly exhausted, and this fourth one is much enlarged and carefully revised. Dr. James commands respect among the erudite of the English speaking world because of his many improved advantages and also because, as he says, he was "the first English worker with the laryngoscope."

In the first part of the book, a preliminary sketch of the nature and varieties of throat inflammation is given in good style, though the limited size of the volume prevents anything more than a bird's-eye view of many important conditions. In the

chapter on diagnosis the author is particularly happy and concise, but in the following one, on general treatment, there is nothing new and much wanting. Not least noticeable is a somewhat arbitrary dictation in regard to remedies. For instance, we have four pages devoted to the internal administration of aconite, yet no mention in this connection of such agents as iron, quinine, veratrum and jaborandi, all more or less frequently used by most laryngoscopists.

The chapters on the different affections of the throat are carefully and closely written, and show a marked improvement upon the skeleton outline of former editions. Among the novelties introduced is a short section upon the "sympathy between the ovaries and the tonsils," and another upon "stammering of the vocal cords." The literary execution is chaste and correct, though it were more pleasing were there less of dogmatism and, at times, of pedantry. Eight hand-colored plates of disease of the pharynx and larynx enhance the value of the book, while the American publishers here, as everywhere excel. This treatise is probably the best on the subject yet published for the same price. Reviews of former editions preclude a more extended notice.

W. P.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M. D., Surgeon to the Woman's Hospital of the State of New York, Etc. Second Edition, thoroughly Revised. 8vo. pp. 875, with 188 illustrations. Philadelphia: Henry C. Lea. 1890. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$5.

It is less than a year since we gave a very extended notice of Dr. Emmet's remarkable work (see *CLINICAL RECORD* for May, 1879), and we congratulate the author upon the success that has attended his efforts. His readers are to be congratulated also, for we are persuaded that they have read the most interesting, instructive and valuable work upon diseases of woman that has ever been printed.

We have space in this journal for merely a short notice of the second edition, which has been, as the author claims, most thoroughly revised from the first page to the last. There has been an addition of about twenty pages to the bulk of the volume, several new engravings appear, while a few of the old ones have been omitted. We notice important additions to the chapter on diseases of the urethra, and to the one on diseases of the ovaries. The latest additions to our knowledge of Battey's operation are given, but the operation itself is only cautiously commended. The author says nothing about removal of the normal ovaries to hasten the recovery of a melancholic patient, such as has recently been practiced in an Eastern city. We are sure that the next edition will contain no commendation of such an operation, which was—to express it mildly—a case of wanton butchery.

We must refer our readers to our former notice for a more extended synopsis of the contents of this most admirable work. No gynæcologist's—we came near saying no practitioner's—library is anything near what it ought to be without it. Although there are many minor changes, those who possess copies of the first edition need not throw them away in order to buy this one. They can afford to wait another year for the third, which will no doubt be called for before our next president takes the oath of office.

PHARMACOGRAPHIA. A History of the Principal Drugs of Vegetable Origin met with in Great Britain and British India. By Friedrich A. Flückiger, Phil. Dr., Professor in the University of Strassburg, and Daniel Hanbury, F. R. S., Fellow of the Linnean and Chemical Societies of London. Second Edition. 8vo. pp. 808. London: Macmillan & Co. 1879. St. Louis: Book & News Co. Half bound, \$5.

This work has attained the very highest reputation for accuracy, and has no equal in our language as an authority upon the subjects of which it treats. It contains the

Latin names of the vegetable substances used as drugs, their synonyms, and English, French and German designations. Then follows an account of the botanical origin, although botanical descriptions are left to special treatises on botany. The history of the introduction into medicine of each drug is then very completely given. The formation, secretion or method of collection, and, in many instances, a description of the microscopical structure are detailed. The chemistry of all the important articles is given very clearly, while the subject of adulteration is very carefully and extensively treated of, mostly giving the results of personal, original labor on the part of the authors.

It will be seen, from the above very imperfect description of the contents of this work, that it fills a place otherwise unoccupied, and must prove of the very highest value to both the physician and the pharmacist.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond., Prof. of the Princ. and Pract. of Med. in University College, Etc., Etc., Etc. With Numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D. Prof. of Hygiene and Dis. of Children in the Woman's Med. Coll. of Pennsylvania, Etc., Etc., Etc. In three volumes. Vol. II, Diseases of the Respiratory and Circulatory Systems. Large 8vo. pp. 935. Philadelphia: H. C. Lea. 1880. St. Louis: J. H. Chambers, 305 Locust street. Sold only by subscription. Cloth, \$15; leather, \$18.

The second volume fully keeps up the reputation acquired by the first, and points to the series as one that should be found in the library of every well-informed physician. It has stood the test of time and is unequalled in the same compass, in the extent of its scope and thoroughness of treatment of every medical subject.

The English reissue costs the subscriber twenty-four dollars, issued in parts. Besides the advantages of less bulk, less cost and that the expense of binding is saved,

the American edition has an able editor who has brought the results of American observation and practice to his aid and thus adapted it most thoroughly to the wants of readers on this side of the Atlantic. Dr. Hartshorne has added a chapter on hæmophilia to this volume, besides carefully annotating the other sections wherever any additions are required. It is the most complete and the cheapest medical work to be found in our market.

A MANUAL OF AUSCULTATION AND PERCUSSION; Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurism. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, Etc., Etc. Second Edition, Revised. 12mo. pp. 240. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$1 75.

The elder Flint has had long experience as a teacher of physical diagnosis, and for nearly a score of years he has been recognized as one of the clearest and best writers upon the subject. The first edition of this manual left very little to be desired, and the second issue is, practically, a reprint of the first. A few minor improvements are noticeable, while all the points of excellence before presented are retained. We know of no book so well calculated to supply the wants of the earnest student of physical diagnosis, so far as the thoracic cavities are concerned, as Flint's Manual. We cordially recommend it to all who desire a condensed, clear and practical handbook of the subject.

ON THE INTERNAL USE OF WATER FOR THE SICK, and on Thirst. A Clinical Lecture at the Pennsylvania Hospital, October 25, 1879. By J. Forsyth Meigs, M. D., one of the Attending Physicians to the Hospital. 12mo. pp. 54. Philadelphia: Lindsay & Blakiston. 1880. Paper, 25c.

Dr. Meigs presents a very important subject in the most attractive form. Almost all the intelligent laity and a vast number of physicians would be benefited by perus-

ing this brochure. It is a fact that people are afraid of water—externally and internally administered—and that incalculable suffering results from these foolish fears. We hope a million copies of this pamphlet will be distributed and read. No better "health tract" could be desired.

REPORT on the Revision of the U. S. Pharmacopœia Preliminary to the Convention of 1880. Being a Rough Draft of the General Principles, Titles, and Working Formulæ proposed for the next Pharmacopœia. Prepared and Compiled by Charles Rice, Chairman of the Committee. New York: 1880. This Report is not for sale. Copies may be obtained by applying to George Ross, Lebanon, Pa., and inclosing the postage, six cents, in stamps.

We hope every one interested in having a good pharmacopœia will examine this report and criticize it carefully. The coming revision ought to be a thorough one, and every error should be excluded. There are many candidates for admission into the recognized list, and much thought and consideration should be given the new applicants, while many of the old members should be removed to the limbo of forgotten things.

BOOKS & PAMPHLETS RECEIVED.

THE MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. PART II, VOL. I. MEDICAL HISTORY. Being the Second Medical Volume. Prepared under the direction of Joseph K. Barnes, Surgeon-General United States Army. First Issue. 4to. pp. 869, with forty-one plates and forty-four photo-relief cuts. Washington: Government Printing Office. 1879. From the Surgeon-General.

PHARMACOLOGY AND THERAPEUTICS; or Medicine Past and Present. The Gulstonian Lectures Delivered before the Royal College of Physicians in 1877. By T. Lauder Brunton, M. D., F. R. C. P., F. R. S., Ass't Physician and Lecturer on Mat. Med. 12mo. pp. 212. London: Macmillan & Co. 1880. St. Louis: Book & News Co. Cloth, \$1 50.

A MANUAL OF PATHOLOGICAL HISTOLOGY. By V. Cornil, Assistant Professor in the Faculty of Medicine of Paris, and L. Ranvier, Prof. in the College of France. Translated, with Notes and Additions, by E. O. Shakespeare, A. M., M. D., Lecturer on Refraction and Operative Ophthalmic Surgery in the University of Pennsylvania, Etc., Etc., and J. Henry C. Simes, M. D., Demonstrator of Pathological Histology and Lecturer on Histology in the University of Pennsylvania. 8vo. pp. 784. With 360 Illustrations on Wood. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$5 50; leather, \$6 50.

EYESIGHT: GOOD AND BAD. A Treatise on the Exercise and Preservation of Vision. By Robert Brudenell Carter, F. R. C. S., Late Hunterian Professor of Pathology and Surgery to the Royal College of Surgeons of England; Ophthalmic Surgeon to St. George's Hospital, Etc., Etc. 12mo. pp. 265, with numerous illustrations. London: Macmillan & Co. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$1 50.

SKIN DISEASES, Including their Definition, Symptoms, Diagnosis, Prognosis, Morbid Anatomy and Treatment. A Manual for Students and Practitioners. By Malcolm Morris, Joint Lecturer on Dermatology at St. Mary's Hosp. Med. School, Etc., Etc. 12mo. pp. 320, with illustrations. Philadelphia: Henry C. Lea. 1880. St. Louis: Book & News Co. Cloth, \$1 75.

A PRACTICAL HANDBOOK OF MEDICAL CHEMISTRY Applied to Clinical Research and the Detection of Poisons. Partly Based on "Bowman's Medical Chemistry." By William H. Greene, M. D., Demonstrator of Chemistry in the Medical Dep't of the Univ. of Pa., Etc., Etc. 12mo., pp. 310. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$1 75.

THE HAIR: its Growth, Care, Diseases and Treatment. By C. Henri Leonard, M. A., M. D., Prof. of Med. and Surg. Diseases of Woman, and Clinical Gynecology, in the Mich. College of Medicine, Etc., Etc. 12mo. pp. 316, with 116 engravings. Detroit: C. H. Leonard, Medical Book Publisher. 1880. St. Louis: Book & News Co. Cloth \$2.

HEADACHES; Their Nature, Causes and Treatment. By Wm. Henry Day, M. D., M. R. O. P. Lond., Phys. to the Samaritan Hospital for Women and Children. Third Edition. 12mo. pp. 322, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$2.

LECTURES ON CLINICAL MEDICINE, Delivered in the Royal and Western Infirmarys of Glasgow. By Dr. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow. 8vo. pp. 268, with illustrations. London: Macmillan & Co. 1877. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$3 00.

THE HYPODERMIC INJECTION OF MORPHIA. Its History, Advantages and Dangers. (Based on the experience of 360 physicians.) By H. H. Kane, M. D. New York: Chas. L. Birmingham & Co., Medical Publishers. 1880. Cloth, \$2 50.

AMERICAN HEALTH PRIMERS:—IX.

OUR HOMES. By Henry Hartshorne, M. D., Formerly Professor of Hygiene in the Univ. of Pa. 16mo. pp. 150. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, 50 cents.

Miscellaneous Notes.

BLACK ARTS IN MEDICINE.—A correspondent of the New York *Medical Record* quotes the following from an old book with the above title by John D. Jackson, M. D., of Danville, Kentucky:

"Our author addresses a letter to a young medical friend just entering practice, and regrets that while all the medical colleges have a lecturer upon the eye, the throat, the skin, and even upon the ear, there is not one whose duty it is to teach the noble art of getting practice. He then gives the following hints and suggestions to supplement the instructions his young friend has received:

'One of the common stock ways among the pushing fellows of the cities nowadays is to be in league with certain newspapers, and, too, by skilful management, frequently have their names in their local and personal columns; for instance, if you were called

to an accident, you would manage to get it into the next day's paper, have it reported how the very skilfull and popular Dr. J. Charlatan Greene was called in, and how much he seemed to sympathize with the poor sufferer, and with what skill he dressed the wounds, and what he said about the case, and here, if you throw in as many high-sounding technical phrases as possible, it will tell, for the less the public understand them, the more credit will they give you for wisdom and learning,

"For the dull world most honor pays to those
Who on their understandings m^{ost} impose."

But in the whirl and turmoil of a great city, once will not do to be spoken of, but keep your name before the public until, like that of Helmbold, John Bull, and other * * * * * advertisers, the people will at last get it imprinted on their minds simply for the much seeing of it. I have known an instance or two where doctors were supposed to have driven over children in the streets in order to get their names in the papers in connection with the accident. I have heard it said of one very sharp fellow, that when his name had been too long absent from the public gaze, as he thought, he would lose his dog, and then advertise his dog, in connection with his name, in large capitals.

Joining some church or other is another investment frequently made. Should you do this, pick out the most popular one with the fewest doctors in it. I have known some before now to change their church once or twice, hurrying for the one, attachment to which would pay best. The old trick of being called out of church in the midst of the sermon is a very good one, which you might have repeated tolerably frequently—the old ladies will always notice it, and talk some about it after the service, and will be more apt to recollect you when they have a sickness at home. Always go into church late, when everybody is seated; you will thus be sure to be noticed by the congregation, and if you don't have a confederate to call you out during the preaching, you can leave just at its conclusion, as if compelled to hurry away on account of the urgency of your business. Standing in the doorway of the church, or just outside, and bowing to, and shaking hands with as many of the congregation who pass out as you can, is also very profitable in its way. It is a gentle intimation to the congregation that you are their representative in physic.

and that it is their doctrinal duty to employ you. Your politics you may make equally subservient to your ends as your religion; these are the days men trade in both. * * * When you have attended a case, and it has recovered by virtue of your treatment, or in spite of it, don't omit any opportunity of reminding your late patient and his friends of the fact, enjoining upon them the propriety of always remembering the bridge which has carried him over safely. When a man has employed you once, try to impress him with the idea that you have personal property in him, and that you shall be justly incensed if ever he shall change you for anybody else. On at any time learning that he has employed another doctor, go to him and ask him why he has ceased to employ you, and tell him that your feelings are hurt.

Another art of great value is, in certain cases where the opportunity presents, to substitute a grave affection for a simple one in your diagnosis, express the most serious apprehensions as to the result, and allow the report to go out that Mr. A. or Mrs. B. is very dangerously ill. I have known some doctors never let an opportunity slip to magnify the danger of the disease and the value of their services; they gravely inform their patients that it was lucky they sent for them just when they did, for it was by their timely arrival and puissant intervention that a mighty fever was prevented, and if they had not gotten there just when they did, and done the peculiar things which they did do, the bellyache would have run into a *typhlo-enteritis with intussusception, etcetera.*"

[These by no means exhaust the resources of the doctor who "practices strictly under the Code of Ethics," and his compatriot who sails under some irregular flag. Do they not tell their patients with simple intermittent fever that they (the doctors) will have to observe the case for three, five, or seven days before it can be decided what is to be the ultimate result? Does not the microscopical examination of *two drops* of blood suffice to enable these oracles to give a fatal prognosis one or two years in the future? Is not *under-bidding for practice* practiced by some whose names stand high upon the list of "our most prominent phy-

sicians?" Yea, these are all facts, which we hope to expose in all their [naked deformity before many months.]

Home News.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.—The first commencement of this new institution took place on March 2d. The degree of Doctor of Medicine was conferred upon five candidates: Robly D. Harris, of Montana; Jesse E. Thompson, of Missouri; Baxter Haynes and Fred. A. Gaige, of Illinois; and Chas. H. Wright, of Missouri. The diplomas were written in English, and the commencement exercises were very modest and unostentatious.

Dr. R. S. Anderson having resigned the chair of Anatomy, Dr. G. Wiley Broome, formerly of Moberly, Mo., has been elected to fill the vacancy. A new chair of Clinical Surgery has been added, and Dr. J. H. McIntyre, formerly of Richmond, Ind., has been elected thereto. New chairs of Minor Surgery and Histology have been created to be filled respectively by Drs. J. T. Larew and W. G. Moore, heretofore connected with the Dispensary Department of the College. A new department of Dentistry has also been added, and H. J. McKellops, D. D. S., will occupy the chair of Dental Surgery. It is expected that a full staff of teachers of dentistry will be formed before the fall session commences.

We understood that funds have been secured to build an anatomical and chemical department separate from the hospital department.

THE THIRD TERM (in medical education) seems to have become extremely popular, from the way in which the teachings of the CLINICAL RECORD are being heeded. One of the old colleges of St. Louis has already announced its adhesion to the new departure. We regret to see, however, that it does not quite come up to the higher stand-

ard; it requires no preliminary examination! When it does so we shall joyfully record the fact. In the meantime let the example of the Southeast Missouri Medical Association and the Linton District Medical Society be followed. Let every medical organization in the land formally pledge its members to send no students to any medical college that does not require a preliminary examination of would-be matriculants and a three-years' course of study. In this way the offenders against the interests of all professional men will be brought to a realizing sense of the situation and will be obliged to govern themselves accordingly.

MEDICAL ASSOCIATION OF MISSOURI.—The twenty-third annual meeting will be held at Carthage, May 18, 19 and 20, next. The Association will convene in the Opera House, at four o'clock, P. M., of the 18th, and will hold five regular sessions, two on the 18th, two on the 19th, and one on the 20th. Delegates coming from the East will arrive in Carthage at 12:30 P. M.; those from the West at 3:30 P. M.

The citizens of Carthage will entertain the members of the Association at their homes. Delegates will be met at the depot by the Committee of Reception and assigned to their respective places of entertainment. While the citizens of Carthage desire to extend their hospitality to all who attend, ample hotel accommodations can be had by those who prefer them.

A banquet will be given to the members of the Association at Regan's hall on the evening of the 18th. A full attendance from all sections of the State is earnestly solicited. Reduced rates on all the railroads will be obtained if possible.

Drs. L. I. Matthews, John Bryant, Jr., and Jacob Geiger, compose the Committee of Arrangements, and we doubt not that in such careful hands everything will be made as pleasant for those attending as could be desired.

SOUTH-EAST MISSOURI MEDICAL ASSOCIATION.—The seventh semi-annual meeting of this vigorous and promising organization

will be held at Commerce, Mo., commencing on Tuesday, May 4th, next. It will be remembered that this young society made its last meeting memorable by pledging its members to send no student to any medical school which does not require a *preliminary examination* of its matriculants and a three years' term of lectures. We heartily wish all such really progressive medical organizations the fullest success. Dr. A. E. Simpson is its President, and J. W. Cannon, the Corresponding Secretary.

THE LINTON DISTRICT MEDICAL SOCIETY held its semi-annual meeting at Mexico, Mo., a few days since. We shall present an abstract of its proceedings in our next number. This young and energetic society, composed of the representative men of Northern Missouri, has followed the example of the South-East, by adopting a series of resolutions expressive of the same sentiments as those above referred to. There is some prospect of the State Association moving in the same direction at its coming meeting. If the "country doctors" take possession of the Association, as they should do, something tangible will result. If, on the other hand, the same old "ring" of mutual admirationists retain their hold upon it, there will be no advance. But we have faith in the "country doctors," and believe they will checkmate their scheming colleagues of the city. Success to them.

VARIOLOID.—Three cases diagnosticated as such have been sent to the Small-Pox Hospital. The disease has not extended, although measles has been present for the last two months in the form of a mild epidemic. It is very possible that the "varioloid" cases were, in reality, measles.

THE management of the City Dispensary is giving considerable dissatisfaction. We have the promise of some interesting correspondence upon the subject for our next number. It is one that will bear ventilation, if not fumigation and disinfection! We shall be strictly impartial and give a hearing to both sides, in case there is anything to be said.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, MAY, 1880.

NO. 2.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FÆTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878-79, and 1879-80.

BY EDWARD C. SPITZKA, M. D.,

Professor of Comp. Anatomy and Embryology, Columbia Veterinary College; Vice-President of the N. Y. Neurological Society; Curator and Pathologist to N. Y. Medico-Legal Society; Physician to Dept. of Nervous Diseases, N. E. Dispensary; W. and S. Tuk. Prize Essayist; Hammond Prize Essayist. Etc.

LECTURE VII.

The appearance of those axial structures which I described as the medullary tube and chorda dorsalis furnishes the first indications of the somatic or bodily contour.

The body is, therefore, at first, nothing more than a ridge in the axis of the blastoderm. The head end being larger than the remainder of the medullary tube, this same ridge must present a *cephalic enlargement*; there is a similar but less considerable and merely temporary enlargement at the caudal end.

Owing to the preponderance in the growth of the medullary tube and those segments of the nervous system derived from it, over the growth of the remaining structures, the embryonic brain undergoes a rapid enlargement and rises out bodily with the embryonic cord to project forwards and behind over the original area of the gastrodiscus. The tissues of the latter have, meanwhile, with the exception of the portion utilized

in the construction of the amnion, become completely involved in the embryonic body.

The vitelline sac undergoes both an absolute and relative diminution, so that while, originally, the embryo was a mere flat expansion, and later a ridge on the surface of the vitelline spheroid, this relation is now reversed, the embryo predominating over the vitelline sac, so that the latter constitutes a *ventral appendage* of the embryo.

During all this time the important changes to be studied under the head of the formation of the allantois and chorion are taking place, so that when the vitelline sac has atrophied, another and more effective source of nutrition has become developed through the direct connections established with the maternal circulation.

So rare is it to obtain human embryos at this stage, that embryologists have been compelled to supply many missing links in the history of the earliest human embryo by studying the more easily obtainable corresponding stages from other mammalia. In all essential features those human embryos that have been obtained by Thomson, Bischoff, Coste, Ecker, Hensen and others,* correspond so closely to those of the dog and cat, that the substitution is perfectly warrantable. Indeed the earlier the stage of development the less difference do we find between the embryos of the highest animals.

The tissues of the earliest embryos are

* I have been fortunate in receiving a human embryo of the end of the third week, perfectly fresh and probably living when aborted, through Dr. Ferdinand, of New York. Another of five weeks through the kindness of Dr. Schoonover.

almost perfectly transparent, and the different structures are recognizable as more or less opaque areas in the generally transparent body. There is, as yet, no decided tint visible, except such as may be comparable to the slightest milky tinge of a glass bead. With death this tinge increases and the embryo becomes of a pronounced milky white color.

The medullary tube is not yet entirely closed, and is recognizable by a clear double contour with transmitted light; a darker, very narrow streak beneath it indicates the situation of the chorda dorsalis. About the middle of the embryonic length, there are visible on each side of the medullary tube, cubical spots, varying from two to more in number, according to the age of the embryo. These are the developing protovertebræ.

The visceral canal is open towards the vitelline sac and exhibits no differentiation. There are faint indications of a heart, whose not yet differentiated traces are destined to assume relatively very great dimensions, and there are similarly faintly marked indications of bloodvessels on the vitelline sac.

There is, as yet, not the slightest sign of a face, of extremities, of the permanent skeleton, of the oral or anal orifices or of a sexual differentiation. To this condition, observed in the cat, dog and mole, the human embryo of the eighteenth day probably corresponds.

The further elaboration of the somatic shape is intimately related to the development of the contained organs and organic systems. It will be, therefore, necessary to take up the history of the latter individually.

There is no organic structure whose development exercises such a predominating influence on the contour of the primitive embryo as the central nervous axis. Its relative growth rate, its segmentation and its attachments and relations to underlying structures exercise the most profound and

lasting impression on the history not only of the external embryonic shape, but also on the permanent relations of certain organs through life.

Before the medullary groove has closed to form a tube, it is observed that the medullary lamina is much more massive at the cephalic end than elsewhere, and in addition, that the cephalic portion presents a narrower area.

When the tube has completely closed, it follows that, instead of being of a uniform calibre, it is larger as a whole at the head end, and must exhibit a constriction which subdivides the *cephalic enlargement* into an anterior and posterior division. At the constriction the nervous axis undergoes a *primitive kink* so that the anterior division is bent over ventrally. At the point where the kink takes place, that is between the anterior and posterior divisions, a third or intermediate segment develops, which is less sharply demarcated from the anterior than from the posterior ones. It thus happens that the *brain* very early shows a differentiation into *three* segment. These segments lying in order from before to behind are termed (a) the first cerebral vesicle, prosencephalon or *forebrain*, (b) the second cerebral vesicle, mesencephalon or *midbrain*, (c) the third cerebral vesicle or *hindbrain*.

The greater length of the medullary tube, and which lies posterior to the hindbrain, becomes (d) the *spinal cord*.

While the *walls* of the *tube* furnish the true nervous tissues of the brain and cord, its *canal* is the forerunner of the natural cavities of these organs; remaining of nearly uniform calibre in the spinal cord, it there constitutes its central canal, enlarging in the hindbrain it forms the *fourth ventricle*; constricted with the constriction demarcating the hindbrain from the midbrain, it again enlarges to form a ventricle within the latter, which in the mammalia is subsequently narrowed down to constitute the *aqueduct*; again constricted, it undergoes

a final enlargement in the forebrain, which is the *third ventricle*.

Knowing the destiny of the medullary tube; it is not difficult to form a preliminary conception of the particular segments of the brain which are to be derived from the walls of these ventricles and channels. Those containing the fourth ventricle obviously correspond to the *pons* and *medulla oblongata*, those around the aqueduct (of Sylvius) to the *optic lobes*, those around the third ventricle to the *thalamus*, and everything in front of the *thalamus*.

The embryonic cells of the central nervous system present a radiatory arrangement, simulating epithelia whose long axes are directed vertically to the surface. Those of these cells which border on the lumen of the canal, retain their epithelial appearance and become the ependymal epithelium of the central canal as well as of the ventricles. The remaining and greater portion of the cells lose their clear contour, their protoplasm appears to fuse into a uniform mass in which the nuclei of the original cells are imbedded, as it were, in a common blastema.

The peripheral epiblast expansion which is to constitute the future epithelial covering of the body meanwhile manifests a series of local thickenings on each side of the brain; in all these thickenings the epithelial cells, instead of being flat like their neighbors, are cylindrical like those of the central nervous system. The most anterior pair lies in front and beneath the forebrain. The second is ideal in the mammalia, being so intimately blended with the forebrain that it must be considered a part of the latter. The third and last lies some distance laterally from the hindbrain. The most anterior and the most posterior forming the sensory peripheries respectively of olfaction, and hearing will be disposed of later on, the middle, which is to form the visual sensory periphery will, from its intimate relation with the central nervous system, interest us now.

The primitive eye of the mammalia and sauropsida is a direct derivative from the medullary tube, and from that same segment, the forebrain, which, as we shall find, develops the *thalamus*, the *cerebral hemispheres* and the *hemispheric ganglia*. The forebrain, which at first is shovel-like and flat, early exhibits two buds growing forth, one from each side. These buds are globular and hollow, the ventricle of the forebrain extending into them. They continue to develop until they have nearly separated from the forebrain, with which they are then connected by a mere pedicle. We have thus, on each side of the forebrain, a hollow stalk, the *ocular pedicle*, bearing a hollow globe, the *primitive ocular vesicle*. The latter is the first indication of the organ of vision.

Now after this differentiation of this primitive eye, the forebrain exhibits two other symmetrical buds, which lie more anterior than the point at which the ocular pedicles are inserted. These buds growing forward and outward in gradually expanding circles, also contain an extension of the ventricle of the forebrain. The buds constitute the *cerebral hemispheres*, their cavities are the *lateral ventricles*, and the point at which the latter communicate with their parent cavity (the third ventricle) is the situation of the future foramen of Monro.

Meanwhile the midbrain has grown very rapidly and is much more voluminous and constitutes a more prominent feature of the embryonic contour than any other segment of the brain.

Thus far the medullary tube with its derivatives, the cord and cerebral vesicles, was situated in a straight, or at most, a slightly curved line, with the single exception of the primitive kink. It now undergoes several other kinks due to the influence of certain mechanical factors; one of these kinkings occurs in the region of the hindbrain, which, becoming suddenly bent in a ventral convexity, its dorsal aspect undergoes an extreme tension and a resulting

thinning out. This thinning out process continues until the dorsal part of the wall of the hindbrain becomes atrophic for its greater extent, and does not develop nervous substance; hence the fact that a greater portion of the ventricular cavity of the hindbrain, or of the fourth ventricle, has *no nervous substance covering it*, its place being occupied by the epithelium of the choroid plexus, which is derived from the atrophic roof of the ventricle.

At the point of junction of the midbrain with the hindbrain, the entrance to the future aqueduct flares out like an everted lip, on each side of the median line, both of these processes join and constitute a valve-like projection overtopping the aqueduct entrance. Their juncture constitutes the first indication of the cerebellum.

Looking at such an embryonic brain from its dorsal aspect, we should find from before to behind, first, two symmetrical *hemispheres*, connected behind and internally with the unsegmented basal portion of the forebrain, or the *thalamus*; behind the thalamus, behind this, the midbrain, which exhibits a median division, so that we have *two symmetrical optic lobes*; then follows the valve-like *cerebellum*; finally, the *medulla oblongata*.

We will now study the causation of the curvatures of the nervous axis, as these exercise such an important influence on the embryonic outline and architecture.

From the beginning the embryonic central nervous system excels all other portions of the embryo in its rapidity of growth. It will naturally follow then that it must exceed in length the structures lying underneath and its anterior and posterior ends will consequently overlap the latter.

The structure lying immediately underneath the central nervous axis, the *chorda dorsalis* does not reach to the anterior extremity of the embryonic axis, but terminates at the ideal dividing line between the forebrain and midbrain.

If the reader will now, for a moment,

revert to the period when the central nervous system was a simple tube, he will bear in mind that it had differentiated itself from the cutaneous epiblast. At its most anterior portion *alone* it does not separate from the cutaneous lamella, but remains adherent to it.

FIG. 1.*



In the diagram (A) this relation is shown ideally as found in the very first stage, at (B) we perceive that the redundant growth of the forebrain has caused it to protrude beyond the point of adhesion (o) and, finally, it crops over it (C) like an overhanging ledge, the point of adhesion is then situated at the depth of an epiblast depression, the *oral fossa*. The development of the hemispheres (dotted) has increased the relative depth of the oral fossa, at whose deepest point we find the recess (o) corresponding to the adhesion of the oral epithelium and the base of the forebrain.

This adhesion produces a traction, resulting in the drawing out from the forebrain of a hollow sac, *hypophysis cerebri* (pituitary body) whose cavity is therefore a dependency of the third ventricle.

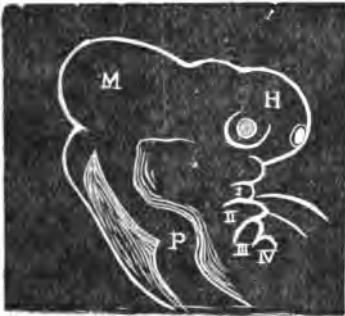
Now if a structure possesses a greater growth rate than underlying parts, and if, on the other hand, it be bound down by an adhesion to another structure, it follows that it can not grow forward in a regular arch as it would

* Diagram of four successive stages of the development. The brain is indicated by the clear spaces, the cutaneous epiblast attached to it at (o) is represented by a plain line; the chorda is marked (c). The figures are supposed to be longitudinal median sections, and therefore do not strike the cerebral hemispheres whose area is shown in C and D, representing the more advanced stages, by a dotted area.

do if unchecked, but must undergo more or less sharp incurvations at its weakest points.

The first of these points in the embryonic brain is at the primitive constriction between the midbrain and hindbrain, it is already found in the earliest embryos, and may be designated the *crural* bend, for it is found at the point where the *crura cerebri* are subsequently developed. The second occurs at about the middle of the hindbrain and is convex ventrally, the pons being developed at this point, we term it the *pontine* bend. The third is convex dorsally and found at the region of the future cervical spinal cord, it is known as the *nuchal* bend.

FIG. 2.*



Let the reader recollect that at the same time that the cerebral hemispheres (which developed from the forebrain) have overgrown the oral fossette, the mesencephalon has developed more rapidly than the other segments and let him take into account also the axial kinks of the nervous system just described, and he will be able to construct for himself the embryonic profile (Fig. 2).

The central nervous system at the tail end undergoes a simple inflection, together with the chorda, so that the cephalic and

caudal ends of the embryonic axis are inflected towards each other on the ventral side of the embryo.

The embryo has now risen out bodily from the vitelline spheroid which has shrunk to a mere abdominal appendage. At the point where the head undergoes the inflection demarcating it from the trunk, and correspondingly at the point where the tail is separated from the trunk by the caudal inflection, bud-like processes jut out on each side: the first indications of the extremities. The heart is distinctly indicated immediately underneath the head and the lateral parts of the head and neck regions have developed four arches known as the *visceral arches*, separated by slits known as the *visceral clefts*, and at this stage the human embryo differs in no essential respect from the embryos of other mammalia and, in many features, strongly resembles even the embryos of the lower vertebrates.

Meanwhile, other important organs have passed through their first stages of development, and foremost among these are certain derivations from that epiblast remnant which separated from the now individualized central nervous axis I described as constituting the primitive cutaneous covering of the embryo.

At the anterior end of the embryo on both sides of the median line and corresponding to the anterior end of each prospective cerebral hemisphere, there is noticeable, a thickening of the epiblast. Here the cells are cylindrical, and growing larger and higher, and unable to expand laterally, they sink in deeply beneath the epiblast surface. We thus have two symmetrical depressions, which, as they develop the sensory epithelia of the future *regio olfactoria*, are properly known as the *olfactory fossettes*.

Somewhat posteriorly to the situation of these fossettes, there were developed from the forebrain, two symmetrical hollow buds,

*Diagram of cephalic end of a human embryo (after Hensen) figure reversed by error of engraver, it being the left side of the embryo. I, II, III, IV, the four visceral arches. H, cerebral hemispheres; M, mesencephalon; P, pontine bend. The olfactory fossette at the frontal region of the embryo and the eye with the lens can be distinguished.

which I described as the primitive ocular vesicles.*

These growing outward and forward from the forebrain, finally abut against the cutaneous epiblast, and flatten themselves somewhat against the latter. Meanwhile the epiblast cells corresponding to the flattened pole of the ocular sphere, exhibit an increase in size, they grow inward with their long axes diverging, a fossette is produced (*lenticular fossette*) and finally the entire thickening separates from the parent epiblast to become an independent body, the crystalline lens, which invaginates the outer half of the hollow ocular sphere so as to obliterate the cavity of the *primitive ocular vesicle*. Now, exactly as by pressing our finger into a hollow rubber ball, and obliterating its cavity by invaginating one half into the other, we produce a new cavity in which our finger presses, so the crystalline lens has produced a new cavity, the cavity of the *secondary ocular vesicle*.

This cavity is the space for the future *vitreous humor* in so far as the lens fails to fill it. The invaginated part of the ocular wall is the nervous part of the future *retina*, the outer uninvaginated part is the future *tapetum nigrum*.

At a still earlier embryonic period, there are observed at the level and on each side of the hindbrain symmetrical thickenings of the epiblast epithelia. These are analogous in structure though much more extensive than the thickenings which developed into the olfactory fossettes. Like the latter, they also become invaginated and form

depressions beneath the level of the surface epithelium, but these depressions ultimately isolate themselves from the surface epithelium and constitute independent sacs, the *labyrinthine vesicles*, so termed because the *membranous labyrinth of the ear* develops from them.

We perceive, then, that the peripheral epiblast, after differentiating itself from the cerebro-spinal axis, develops the following important sensorial organs and appendages in the head region: the olfactory fossette, the crystalline lens, and the labyrinthine vesicle. Besides this, it forms the gustatory end organs in the oral fossa at a later period, as I shall develop in the sequel.

Beginning ventrally and below, and passing to the dorsum and backward, we would encounter the special sense organs in the following order: first, the epithelium destined to form the gustatory end organs; second, the olfactory fossette; third, the eye; fourth, the labyrinthine vesicle. The chronological order in which these organs first appear distinctly indicated is as follows: first, eye (primitive ocular vesicle); second, labyrinthine vesicle; third, olfactory fossette;* fourth, gustatory end organs.

In the next lectures, the important coincident developments of the mesoblast and hypoblast, and their influence on the embryonic form will be considered. Enough has been said at present to show that the epiblast and its derivatives exercise the most profound influence on the primitive contour of the embryo.

NEW YORK, 130 E. 50th street.

ST. JACOB'S OIL (St. Jacobsöl) is a good quality of oil of turpentine, mixed with a little oil of rosemary and lavender, and colored faintly red with alkanet or saunders.—*New Remedies*.

* It is an interesting illustration of the bearing on anatomical differentiation of the embryonic laws of growth, that in animals in whom, owing to the lateral position of the eyes on the side of the head, the ocular pedicles come off almost directly transversely (fish, batrachians, reptiles, birds, marsupials, rodents), that when nerve fibres develop in the pedicles they cross the median line entirely and thus the obtuse angle of the chiasm causes a complete decussation. In man, the monkey, seal and the carnivora, where the eyes are well forward, the angle made by the two ocular pedicles is more acute, and it is possible for some of the nerve fibres to remain on the same side, thus we have in these animals a partial decussation of the optic nerve fibres.

* In the batrachia and fish it appears that the first three mentioned, are simultaneously developed in the *trisensoial lamina*, as I propose to term their common mass of origin described by Götze.

Original Communications.

THE NEW ANÆSTHETIC.

BY P. H. CROMIN, M. D.

Bromide of ethyl, or ethyl bromide, the chemical composition of which is (C₂ H₅) Br., was first, to any great extent, experimented with by Dr. Thomas Nunneley, of Leeds, England, but the subject of its use did not at the time (1849) attract any considerable attention from the profession.

In 1865, during the convention of the British Medical Association, Dr. Nunneley called the attention of the medical savants to the fact, that he had used this anæsthetic in all the general operations performed at the Leeds General Eye and Ear Infirmary, and with the greatest success, yet, notwithstanding Dr. Nunneley's strong advocacy of the bromide of ethyl, it gained no friends and we find little mention of it, with the exception of some experiments on the lower animals, in France, until brought before the British Medical Association at Cork, Ireland, by Dr. Lawrence Turnbull, in July of last year, when that gentleman was surprised to learn that even in the department of otology, no one was acquainted with the nature and administration of this valuable surgical aid.

In the Philadelphia *Medical Times*, of January 17th and February 14th, of this year, we find mention of this anæsthetic in a series of papers contributed by Dr. R. J. Levis, who strongly advocates the use of the new agent by the profession at large, but conservatism seems to rule the majority of medical men, and confidence in anything new is of slow growth, and especially has this characteristic marked the introduction of anæsthetics, for few physicians like to use agents of such power for evil as well as good, experimentally, in their cases, as a fatal result would be a life-long reproach to them.

But ethyl bromide is sure to overcome every fear as to its safety, for its history, past and present, is a good one, and high authorities have spoken in its favor. It was these considerations that led me to give it a trial, and any lingering doubt as to the result was set at rest by the recommendation of my friend and colleague, Professor J. H. McIntyre, who had attended the convention at Cork, alluded to above, that I should administer the ethyl in a severe surgical case that he then had arranged to operate upon.

I selected, as worthy of entire confidence, Wyeth & Bros.' preparation, formula C₂ H₅ Br., differing somewhat from Dr. Nunneley's, which had two equivalents more of carbon, and administered it in the following manner: Forming a cone of stiff paper, of close texture, as used in administering sulphuric ether, I placed within this, a smaller cone of soft towelling, and near the apex of this lining I sprinkled about 3ii of the ethyl. The patient being placed in position and Dr. McIntyre announcing all ready, I quickly crowded the administration of the anæsthetic. In about one minute I had the satisfaction of noting complete muscular relaxation. With his usual skill, Dr. McIntyre performed the operation expeditiously, occupying some five minutes to advantage, as our patient did not occasion us the slightest trouble, lying as one in a trance. No stertorous breathing, no signs of nausea, impeded respiration, nor excitement of any kind. The operation over, and on the withdrawal of the anæsthetic, our patient recovered her senses as quickly as she had become unconscious, which happy result I hailed with delight.

A week later, I assisted Dr. M. in an operation on a very delicate girl, who had a perfect horror of chloroform and ether, but being assured that we used neither, she allowed the ethyl to be applied, and in a moment was under its influence.

Dr. Houts, since then, in a case of deep-seated urethral stricture, which, with the assistance of my surgical friend, Dr. McIntyre, was operated upon, though at first objecting to its use, was made a convert almost before he was aware of it, and was delighted to find his patient under perfect control during the operation by Dr. McIntyre.

Now, while in the administration of sulphuric ether, there is more or less irritation of the respiratory passages, with the use of ethyl bromide, except in excess, the heart and respiration are but slightly affected. It is more rapid in producing anaesthesia than chloroform, vomiting is very rare, while the rapidity with which its effects pass off is truly astonishing. In the case of the young lady alluded to, she awoke as though from a short "cat nap," and could hardly realize that she had been unconscious even for a moment. Then, its odor is agreeable, and this fact recommends its use in cases where we have to operate on persons of sensitive organization. It produces perfect local anaesthesia, especially in the throat and mouth, hence all operations on these parts can be performed with greater ease to the physician than heretofore. It is not inflammable, and on this account is preferable to ether in operations by the aid of artificial light. I would caution those who use it to keep it in glass-stoppered bottles, in a cool place, and quickly replace the stopper after using.

I am in hopes that Dean Bauer, with his usual enterprise and zeal in the advancement of medical science, will permit the use of this new "sureease of sorrow" at the College of Physicians and Surgeons during the coming regular term, for if the leading, or higher grade colleges pass favorably upon its use, I am sure the profession at large will soon fall into line.

St. Louis, 614 Olive street.

EUCALYPTOL.

BY LOUIS BAUER, M. D., M. R. C. S., ENG.,

Prof. of Principles and Practice of Surgery and Clinical Surgery, St. College of Physicians and Surgeons.

My attention has been directed to the therapeutical virtues of the leaves of *Eucalyptus globosa* by numerous articles which have appeared during the last two years in the medical journals of Germany. Among them there appeared a paper from the pen of Professor Mosler, of the University of Greifswald, in commendation of the new remedy. As a clinical teacher, as an acute observer, and as a conscientious writer, Professor Mosler has no superior. It is because of the weight of such endorsements that I have resolved to enter upon a series of experimental investigations to satisfy my own mind as to the efficacy of "Eucalyptol," so termed by Professor Mosler. Another inducement was the fact that the essential oil of eucalyptus leaves is comparatively unknown and unappreciated in the United States; at any rate, I have not found in the literature of the day any but passing reference to it.

One of the first cases in which Professor Mosler successfully employed this agent was that of "echinococcus of the lungs, with bronchial affections," and this result opened the way to its further usefulness in the treatment of diphtheria. Its services in this respect may be learned from the inaugural dissertation of Dr. Salenz, one of Mosler's pupils and clinical assistants. The results attained in some most aggravated cases of this destructive disease are indeed astonishing, and since there can be no doubt as to the trustworthiness of the record, it would seem that "eucalyptol" is one of the most acceptable additions to the materia medica. When employed it should be used dissolved in alcohol in the form of spray (atomized or pulverized).

Next, the eucalyptol has been found serviceable in headaches of various characters, including the malarial form. And it is

perhaps on account of this fact that it has been tried in the treatment of intermittent fever. Some writers praise it as equally reliable as quinine. Further experiments will show whether this observation is trustworthy. In headaches it is employed by inhalation, and also in doses of two or three drops, on sugar, by the mouth.

Whether or not it may prove a formidable competitor of carbolic acid in the external treatment of wounds, for which it is held in high esteem by some writers, will be decided by systematic experiments.

Without going any deeper into the matter on this occasion, it will be readily seen that the eucalyptol deserves the fullest attention of the American profession, and that, for one, I am resolved to put this remedy to a systematic and thorough test. As soon as I shall have arrived at any positive results I shall publish them in the *St. Louis Clinical Record*.

St. Louis, 519 Pine street.

Clinical Reports.

DISPENSARY OF THE ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

Surg. Clinic of Prof. Louis Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

MULTILOCULAR CYST OF THE ABDOMEN IN A STATE OF SUPPURATION—DIFFICULTIES OF DIAGNOSIS—SIMON'S METHOD FOR EXPLORING THE PELVIC CAVITY RESORTED TO—OVARICTOMY.

Mrs. W., from Little Rock, Arkansas, entered the hospital department of this institution on March 23d, suffering from an abdominal tumor. She was forty-one years old, of average size and weight, and had the general appearance of health; had been married nineteen years, but without children. Her menstruation had always been irregular, of short duration, scanty and

accompanied by much pain. Her bowels were sluggish and often needed aperients.

The tumor had existed for about two years and gave rise to a dull continuous pain, which at times became intense and excruciating, especially at the menstrual period, and could scarcely be relieved by the strongest anodynes. Notwithstanding this the patient had continued to perform her household duties unaided up to the time of admission to the hospital.

She was despondent and desired the removal of the tumor, however hazardous it might be. In fact, she stated that on more than one occasion she had contemplated suicide as a means of relief and would carry it into execution rather than continue to endure the torture of her present condition.

The patient was kept at rest, bodily and mentally, for a few days and observed closely. On April 10th she was examined thoroughly by Prof. Bauer, assisted by Profs. Barnes, Laidley and McIntyre.

The tumor was found occupying the left iliac region and inclining toward the median line. It was painful to the touch and movable, as was determined by bi-manual examination and changing the position of the patient. In exploring the pelvic cavity a lengthy, pyriform polypus was discovered protruding from the cervix into the vagina closing the external os, thus explaining the sterility of the patient. Its pedicle was thin, allowing the probe to enter the womb, which was found to move separate from the tumor, and was bent forward, downward and to the right by the weight of the latter above. In continuing the examination it was determined to resort to the late Prof. Simon's method of examining the pelvic cavity, which consists in anæsthetizing the patient and passing the hand and forearm into the rectum as far as the necessities of the case may require. As Prof. Barnes had the smallest hand, the examination was assigned to him. He succeeded in passing his hand up the rectum to the highest part

of the tumor, but was unable to separate his fingers sufficiently to determine its character or relations. It is well to state here that this forced exploration, the patient being under the influence of chloroform, gave no subsequent inconvenience, the sphincter acting as promptly as before.

As far as could be ascertained by this examination, the tumor occupied the left iliac region, could be felt through the abdominal wall and the vagina, was separate from the womb, was tender and painful, and had the form and size of an average cantaloupe with a surface which seemed smooth and firm, exhibiting little if any elasticity. Certainly no fluctuation could be discovered. The opinion was unanimous that the tumor was a fibroma or myoma, and had its connection near the uterus. No satisfactory cause for the tenderness and pain of the tumor could be discovered. The patient stated that Dr. Deutsch, her former physician, had injected the growth with the tincture of iodine during the last three months, but the condition could not be attributed to that, as it existed prior to the commencement of the injections.

As there were no contraindications to the removal of the tumor, the operation was determined upon and performed, April 18, by Prof. Bauer, assisted by the gentlemen mentioned.

In preparing the room and performing the operation, all the details of Listerism were observed. When the abdominal cavity was opened and the tumor exposed, it was found to be a *cyst* connected by a short, firm pedicle with the left broad ligament. It was adherent in all directions, but was isolated without much difficulty. The pedicle was then transfixed and ligated and the tumor removed entire. A glass drainage tube was inserted and the wound closed by interrupted sutures and dressed according to Prof. Lister's method.

When the patient recovered consciousness she began vomiting and continued at

greater or less intervals until death. Otherwise she appeared to do well for thirty-six hours, at which time general peritonitis set in and the patient rapidly sank, dying on the fourth day after the operation.

The abdominal cavity was reopened after death and the signs of diffused peritoneal inflammation found. Very little exudation existed except a thin layer agglutinating the small intestines. The pedicle was found located near the juncture of the broad ligament and uterus.

An examination of the tumor showed it to be a multilocular cyst. On the surface were several small, flat cysts covered only by peritoneum, others occupied the wall. The center of the tumor consisted of one large cyst surrounded by a very thick, firm and apparently fibrous investment, which had given to the tumor the character of a fibroma, and thus led to an error in diagnosis. This cyst was filled with pus exclusively, the minor cysts contained a colloid substance mixed with pus.

When this pathological condition was discovered, Prof. B. expressed his apprehension of a fatal termination of the case, and stated that, to his knowledge, no such operation had ever been successful where the cyst was found in a state of suppuration.

"Now the cause of the continuous pain is intelligible, and the mental state of the patient well understood. Indeed I have scarcely ever met with a patient who submitted to so dangerous an operation with so little concern. The operation will probably prove fatal, yet I will not regret having entered upon it. Every one who notices the condition of this tumor must come to the conclusion that, without an operation, the tenure of the patient's life was brief; that rupture of the sac and general peritonitis would have been the termination in a short time, and up to that time she would have been subject to continuous torture."

Prof. B. further stated that in similar operations in the future he would dispense

with the drainage tube altogether, where there was no fear of oozing, or would pass it through the wall of the vagina into Douglas' cul-de-sac, whither liquids invariably gravitate.

HYPERTROPHY OF BOTH MAMMARY GLANDS.

(*Vide* March No.)

The compression of both mammae and the internal administration of large doses of ergot and the iodide of potassium was persistently used up to April 22d, with the following results: The right mamma was considerably enlarged with corresponding increase of its weight. Its texture was firm and the seat of occasional darting pains. The left mamma was reduced in size by one-third and had become soft and pliable. Under these circumstances Prof. Bauer deemed it best to remove the right breast, which operation was accepted, and performed on April 26th, during which some twenty vessels had to be ligated.

The wound is healing rapidly and the patient is well satisfied to be rid of the growth. The tumor consisted entirely of fibro-adenomatous structure, visible even to the naked eye. The original treatment has been continued for the left breast.

The surgical clinic has been well supplied during the Spring term with a variety of interesting orthopædic cases, which will be given to the RECORD at some future time.

Proceedings of Societies.

THE LINTON DISTRICT MEDICAL SOCIETY.

This young and vigorous society, composed of the more prominent members of the profession in North-East Missouri, held its semi-annual meeting at Mexico, Audrain county, on April 13th and 14th, 1880.

The society convened in Rothwell's Hall, at four o'clock, P. M., of Tuesday, April 13th, Dr. G. Wiley Broome, president, in the chair, Dr. Pinckney French, secretary.

Dr. Moore, of Columbia, and Dr. Atkinson, of Mexico, were nominated for membership.

Dr. J. S. Pearson, of Louisiana, was elected president, and Dr. French, of Mexico, was reelected secretary of the society.

At the evening session, the newly elected president was installed, and the secretary read a brief sketch of the life and character of Dr. Samuel Overall, late of St. Charles, written by Dr. John E. Bruere.

Dr. D. F. Mitchell, of Martinsburg, read a paper on Rheumatism, which elicited considerable discussion.

Dr. G. Wiley Broome, now of St. Louis, retiring president, then read his address, which was devoted to medical education, in which he suggested a more thorough preparation and a longer term of study for medical students, to fit them the better for the responsible duties of their profession. Dr. Broome was requested to furnish a copy of his address for publication.

Dr. S. T. Buck, read a paper on Diseases of the Rectum, which was eminently practical in character, and elicited much discussion. The society then adjourned to the next day.

SECOND DAY, Wednesday, April 4.—The society convened at eight o'clock, A. M., pursuant to adjournment. Dr. French being absent, Dr. Matthews was appointed secretary *pro tem*. Dr. J. F. Groves, of Montgomery City, read a well-digested paper on Diseases of the Prostate. This essay was humorous as well as scientific, and brought out considerable discussion.

Dr. Rothwell presented his report as treasurer, which was accepted.

Dr. Moore described a new instrument designed to facilitate tracheotomy.

The committee on medical education submitted a report, which was adopted. A series of resolutions embracing strong endorsements of those medical schools requiring a preliminary examination of matriculants and a three-years' graded term of college attendance was the feature.

Dr. W. W. Rodman read a paper on Keratitis, discussion of which was postponed to the afternoon session.

A communication was read from the Medical Department of the State University, at Columbia, desiring the appointment by the society of one of its members to fill the vacancy in the Board of Medical Examiners occasioned by the resignation of Dr. G. Wiley Broome. Dr. Pinckney French, of Mexico, was unanimously elected to the position; his term of office will be for four years. The board now consists of Dr. Pryor, of Palmyra; Dr. Bryant, of Savannah; Dr. Jno. W. Trader, of Sedalia, and Dr. French.

AFTERNOON SESSION.—On reassembling, the discussion of Dr. Rodman's paper was taken up, after which Dr. T. J. Baskett read an essay on Injuries of the Cranium and their Effects, discussion of which was postponed to allow the members to visit the public schools of Mexico.

Dr. Jones reported a case of injury, after which Dr. French read a volunteer paper on Surgical Errors, which brought out the views of many of the members of the society in an interesting discussion.

EVENING SESSION.—Dr. Hamilton promised a paper on Dyspepsia for the next meeting. Papers on the Menopause and on Displacements of the Uterus—their Pathology and Treatment, were then read and considered.

The report of the committee on publication was read by the secretary and adopted. It was decided to discontinue the publication of the journal of the society, and the committee was instructed to confer with the publisher of some reputable medical journal with a view to publishing the proceedings in its columns.

The following named gentlemen were appointed delegates to the State Medical Association, which meets at Carthage, Jasper county, on the 18th, 19th and 20th of May: Drs. French, of Mexico; Moss, of

Columbia; Hamilton, of Callaway; McAllester, of Columbia, and Pearson, of Louisiana.

Delegates to the American Medical Association: Drs. Pearson, of Louisiana; Rothwell, of Mexico; Buck, of Wellsville, and French, of Mexico.

Interesting cases were reported by Dr. Hanna, of Ashley; Dr. Macfarlane, of Mexico, and Secretary French.

The society then adjourned until the second Tuesday of November next. Thus ended one of the most interesting and important medical meetings ever held in Missouri.

Correspondence.

"THE NEURINE (or "Neuril") BATTERIES OF THE BRAIN."

The Clinical Record's Record Corrected.

[The editor of this journal takes great pleasure in permitting the "Randolph county expert" to make his correction in his own language and in his own way. We are perfectly willing to leave Dr. Yates' defense of "Shepard's definition of insanity" (which, by the way, *Sheppard* was never guilty of writing) to the tender mercies of our readers without further commentary.]

JACKSONVILLE, April 26, 1880.

Editor Clinical Record:

DEAR SIR:—In the March No of your Journal page 371 after speaking of a female witness in Judge Wickham's court, you say the female expert is worthy to have her opinions placed upon record along side of that other celebrated aphorism of a St. Louis expert, and then you speak of a Randolph paper speaking of a country expert in the Hayden Brown case giving the definition Insanity is a disease of the Neuril batteries of the brain and go on to give a definition of Neuril to make it appear as

ridiculous as possible. Now I have this to say after being pressed by Mr. Brown's lawyers for a definition of Insanity, we said different Author's gave it in their own language and while we liked others we liked that of Shepard best, a disease of the Neurine batteries of the brain, now what you saw in the paper was a mistake either of the reporter, or the printer, and I repeat I like the comparrison Neurine batteries; because in the correllation of fources that produce thought, the action of a battery will come nearer demonstrating this phenomena so hard to describe than any other familia instrument we have possession of and I here express my desire for the Govenor of Mo. to appoint a commity of Psycologist to take the hypothecated case presented to us in this trial and to analyze our testimony then given, and give their views thereon, and for the Supreme Court to be governed by their decision in deciding on Mr. Brown's case, and if the Editor of the RECORD thinks a country Dr. is not capaple of understanding and testifying in cases of insanity or feigned insanity in our courts we will meet him and discuss the merits of this definition (Insanity is a disease of the neurine batteries of the brain), and I would suggest through your journal to our law makers that a law be made that when the plea of insanity be made for a criminal that the presiding Judge appoint not less than three competent physicians to examine and decide as to the disease before trial and if found insane sent to a proper place for confinement, if not to the court for trial, but we think such testimony irrelevant and believe that no insane person should be tried in our courts only for admition to Assylums.

Yours truly

P. C. YATES.

N. B.—Friend Hazard thinking that you will be ready to correct this mistake I send you this but if you deem it onworthy please return it and oblige

Yours &c

P C Y

Extracts and Abstracts.

SEXUAL STARVATION.—Dr. George M. Beard, in a recent paper (*New York Med. Record*) on the natural history of continence, a subsection of an extended series on Nervous Diseases Connected with the Male Generative Function, makes some very suggestive statements, some of which we cite:

"1. Absolute continence is possible for an adult male, and consistent with health and longevity, with the relief that comes from occasional involuntary emissions, provided that the person is originally strong in his nervous system.

Involuntary emissions, as a means of getting rid of the secretion of the seminal fluid, are certainly unnatural—in the ordinary sense of the term unnatural—and when acting on a sensitive organization, are likely to do harm to the nervous system; the emissions will increase in frequency and will aggravate themselves, and induce a pathological state with a large number of symptoms. On the other hand, in a stronger and grosser temperament, such results may not follow; there may be no weakening, either local or general, that is perceptible, and the effects of continence may be of a *negative* character. Those who live in this way, or who know those that do live in this way, may infer that all persons could or might follow their example; but such reasoning would be deceptive and incorrect in theory and out of accord with the facts of observation.

2. Individuals of nervous and sensitive organizations find it usually difficult, and oftentimes impossible, to lead an absolutely continent life without suffering from nervous symptoms, which, in some cases, are of a serious and crippling character. The lower one is in the stage of evolution, the easier it is to be continent; the higher one is in the stage of evolution, the more difficult it is, other conditions being the same, to be absolutely continent without being thereby perceptibly affected. This general law sweeps through all the functions; delicacy and complexity of organization narrow the margin of endurance, so that both excess in indulgence and excess in abstinence become injurious; entirely abstaining or over-yielding, more quickly excite nervous

symptoms than in the coarse and hard and phlegmatic temperament. The savage can go for days without eating, and when he eats can gorge himself, with but slight and temporary harm; the civilized man must have his three meals a day, and the neurasthenic patient sometimes requires to be fed every few hours, or even every few moments. In this brain-working, active, and nervous city, there are thousands who, if they abstain from a single meal, or even delay a meal much beyond the usual hour, are rendered irritable and fretful, and are liable to be attacked with headache, and various symptoms, and are made incapable of effective work. The nervous man is dependent upon his food, upon the regular supply of it, and the supply must be frequent and regular; whereas, in the savage life, among all races of savages in all countries, irregularity of eating is the habit. To eat enormously or to go days without eating, are borne by them equally well."

"In this feature the reproductive system follows the same law as the digestive system; the more complex and sensitive and impressible the organization, the more likely are we to suffer from unnatural and prolonged abstinence. It follows, therefore, that there is no general, sweeping, universal cast-iron law upon this subject, fitting to all nations and races and conditions and idiosyncrasies; in this, as in everything connected with the nervous system, each case is its own special study. There are individuals who need marriage, who cannot be well without a certain degree of normal sexual activity; and there are individuals who can bear—without, at least, serious or positive effect on the nervous system—prolonged sexual starvation. One reason, undoubtedly, why the coarser and phlegmatic temperaments can bear abstinence, even when their sexual power is very great, is that they have little imagination and their functions are not thereby as much excited, and are not so likely to become abnormally sensitive.

There is no question that true spermatorrhoea may result from prolonged continence, in a nervously sensitive temperament, even when there is no self-abuse. This fact is, I believe, not understood, but it is as verifiable as any fact of this kind can be. For such persons, who are more numerous in society than we may suppose, continence is impossible, except at the expense of the

nervous system. Individuals of this temperament, also, are much more likely to be injuriously affected by slight excess than others; their margin of indulgence or non-indulgence is very narrow; whereas, the coarser and harder organizations bear, without immediate or traceable harm to the nervous system, either protracted abstinence or a very great indulgence.

The indiscriminate and off-hand recommendation, marriage, for cases of nervous disease, is as unscientific as the indiscriminate recommendation of any other hygienic or therapeutic measure. I see many of the best results of treatment in cases who do not get married, and who live a continent life; I also see cases who are decidedly better after marriage, to whom this, indeed, becomes the proper supplement to other medical and hygienic treatment; I also see cases, as all do, where excess in the marriage state—that is relative excess for the individual, by which I mean indulgence which is too much for that individual—brings on, in full force and in severe form, all the symptoms of sexual neurasthenia that have been supposed to be the exclusive property of young and unmarried men; morbid fears in immense number and variety, profound exhaustion, insomnia, dyspepsia, tremors, head and back pain, irritable eyes and the like.

3. Absolute and prolonged and permanent continence apparently reacts unfavorably on the mind, depriving it of its highest possibilities. The nervous system may be sound and free from perturbation, and at the same time be far below its possibilities of activity and fruitfulness. A person may be well and remain well all his life, without ever reaching the condition where the mind is at its highest stage of activity and productiveness. It is a part of the reactions and interactions of the different organs on each other, that the exercise of the sexual function, like the exercise of the digestive function, stimulates and sustains the exercise of the intellect; the higher nature is reinforced by the lower. The psychology of old-maidism and bachelorism is yet to be written, but an exhaustive and scientific essay on that subject would be an important and most valuable and very much needed addition to the literature of the nervous system. The distinctive mental characteristics of persistent old-maids and bachelors—qualities which they would not have had if married—represent, when psychologically

analyzed, not gain, but sacrifice. While a great quantity of excellent and useful work has been done and is being done, both by men and women whose reproductive natures have been little or not at all exercised, there is yet no evidence that any of the best intellectual work of the world in any department has been done by persons of this class. All the facts that can be obtained on so delicate and inaccessible a subject as this show that the most intellectual natures, in every department of intellectual activity, have not starved, but, on the other hand, very freely exercised the reproductive functions. Enough, certainly, is known on this subject to make it clear that the free activity of this function is consistent with the supreme developments of the human mind. The very common belief that the mind gains by sexual abstinence is unfounded and is unscientific, as was the equally common belief that great thinkers were small eaters. Biography shows that the geniuses of the world have been prone rather to over-indulgence, both of the digestive and reproductive system. Out of the vast mass of valuable work that has been done and is being done by those who, we have reason to believe, are continent, there is little record of any considerable amount of creative work which has directly changed, or is likely to change the destinies of mankind.

The effects of castration on horses, bulls, and rams, is to render them docile, submissive, manageable, but these desirable and indispensable characteristics are obtained at the price of the higher manifestations of brain force in these animals; their ferocity, their ugliness and violence, are psychologically greater qualities, and indicate a better activity of the higher nerve-centres than those qualities that are needful in domestication.

With this decrease of mental capacity there is an increase of fat; the animal becomes larger and more unwieldy; it has good health and may live long, but the higher manifestations of force are no longer possible.

Eunuchs behave like castrated animals; the voice changes, the manhood declines, and there is an increase of fat.

Sexual starvation, in man, at least, has, in a far less degree, the effects of castration, depriving the intellect of its supreme capabilities, while not interfering with the mild and routine operation of the brain or body, nor with the physical health. Priests

are, with many exceptions, notoriously fat, and the married of both sexes very often, if not usually, begin to grow fat or to increase in weight between thirty-five and forty-five—just at the time when there is observed, on the average, the beginning of a slight diminution of sexual power, and, in woman, the change of life takes place."

MILK SICKNESS.—Dr. J. Gardner read a paper on this affection before the last meeting of the Tri-State Medical Society (*Indiana Medical Reporter*, April, 1880), from which we make the following abstract:

It is well known that the pathology of this affection is obscure and unsatisfactory, and that its actual existence has been questioned. However, the writer gives the following as its leading and generally constant symptoms: There is always nausea, constant or intermittent. When constant, the smallest quantity of either fluids or solids taken into the stomach produces retching and vomiting until the stomach becomes wholly empty, when it ceases until something is again received into the viscus. When intermittent, the attacks are generally about an hour apart, nausea is absent in the intervals. There are always more or less eructations of an offensive gas. The odor of the breath and body are of a peculiarly offensive character, and are in themselves sufficient in most cases for founding a diagnosis. The respiration is of that slow and sighing character, described as "tired." The pulse is usually small and sometimes frequent, though this is not always so. This, with the full and frequently labored action of the heart, is another peculiarity of the disease. The heart throbs and labors and beats against the thoracic walls with as much energy as in the worst case of hypertrophy and valvular insufficiency at the time the radial artery may show but a weak and thready pulse, and the respirations are down to twelve per minute. Obstinate constipation is the last of the specially diagnostic signs to which attention was called. Death is always preceded by coma.

The flesh, milk or butter of infected animals is the cause of the disease, and several members of a family are generally prostrated together.

Dr. Gardner, suspecting a specific organic poison, examined the blood of a cow suffering from the disease (which died two days later) under the microscope and found

it swarming with minute organisms of the bacteria type, resembling *bacilla subtilissima*.

The blood of a dog that had eaten of the flesh of an animal dying of the disease, showed the same organisms. The blood of two persons suffering from mild attacks showed the same forms, but in less numbers. The water from the springs from which the people and animals suffering from the disease procured their supplies for drinking was also found swarming with the same microscopic organisms.

Treatment by cathartics and stimulants (alcoholic) seems to be the most effective.

UNUSUALLY HIGH TEMPERATURES (Chicago *Medical Gazette*).—Dr. John W. Teale, of Scarborough, England, our readers will perhaps remember, published a very notable case of extreme high temperature in 1875, which was the subject of considerable criticism at the time. The temperature of the patient, who was suffering from a severe spinal injury, ranged as high as 122° F.; the observations were made with unusual care and confirmed by two observers. The patient recovered, but subsequently had a relapse under another physician, and the same peculiarities were noticed, a thermometer bursting on one occasion at 117° F., the index being found in the broken-off air space at the top. At the meeting of the British Medical Association at Cork, last summer, a paper on the subject was read by Dr. Donkin, of London, and published in the *British Medical Journal* of Dec. 20, 1879. In it he reports an observation of his own of a case of enteric fever in which the temperature ranged as high as 111.6° F., and also refers to seven other cases observed by competent medical men, in which it was even higher. In none of these were especially dangerous symptoms or conditions mentioned as apparently connected with these high temperatures. On the strength of this, Dr. Teale again comes to the front in a communication to the *British Medical Journal*, of January 24th, in which he claims that his observations have been fully vindicated, and that the following points are clearly established:

"1. Temperatures above the degree formerly supposed to be necessarily fatal do sometimes occur without a fatal issue; nay, even without extreme peril to life. 2. Such exceptional and excessive temperatures, as a rule, end in recovery. 3. The conditions

of body in these cases of excessive temperature appear to be distinct from the conditions existing in fevers, in which the rule as to the extreme peril of temperatures of 107° F. and upward remains unassailed."

USES OF BORACIC ACID.—Dr. F. P. Atkinson writes as follows (London *Practitioner*, April, 1880): Considering the well known antiseptic properties of boracic acid, it is exceedingly curious how little it has been administered as an internal remedy. Its effect in diphtheria, both locally and internally, is very marked, and the following statement by Drs. Cossar Ewart and Malcolm Simpson proves in a pretty conclusive manner the action it has upon the disease germs: "Pieces of membrane which had been brushed with a saturated solution of boracic acid, when placed on the warm stage of the microscope showed the characteristic bacilli; but these were absolutely innocuous, and instead of lengthening into spore-bearing filaments, micrococci bacterium termo or torula appeared in their stead. By the use of the acid the disease was shortened and the other members of the family were protected from infection." In the treatment of *puerperal fever*, combined with sulphuric ether (which is also an antiseptic), and when it has been found necessary a little tincture of opium, it has given more decidedly beneficial results than anything with which I am acquainted. I feel certain that it ought to hold an important place in the treatment of carbuncular disease—erysipelas, cholera, scarlatina, enteric, typhus, and intermittent fever—and in fact all those cases which are known to have a septic origin. . . From what I know of its power in combating the action of disease germs, I cannot help thinking it would materially lessen, not only the intensity, but also the duration of the various eruptive fevers. I incline to this belief very strongly; time will quickly show whether it is correct or not. It is but sparingly soluble in cold water; an ounce will only take up about 18 grains, but a drachm of boiling water will dissolve about 5 grains. The dose is from 5 to 15 grains. It has one particular recommendation, and that is its tastelessness.

TONGA.—Drs. Sidney Ringer and Wm. Murrell write of this remedy, used by the natives of Fiji for neuralgia, in the London *Lancet*. Mr. Ryder, a gentleman who re-

sides in these islands, placed specimens of the article in the authors' hands for experiment. The remedy consists of parts of at least two plants, the botanical relations of which are as yet unknown. The parts of the plants are broken up into a coarse powder, and then wrapped up in a cover of the inner bark of the cocoanut tree. The following are Mr. Ryder's directions for its use: "The bundle, without being unfastened, to be steeped in half a tumbler of cold water for twenty minutes, then squeeze the liquid from the bundle back again into the tumbler, and take a claret glass of the infusion three times a day, about half an hour before each meal. Dry the bundle and hang it up in a dry place, to prevent its getting mouldy. It will answer for twelve months."

The authors have used the remedy in eight cases of neuralgia; six were promptly cured; one was much improved; it failed in the other after a week's trial.

This remedy has been used for centuries in Fiji; it produces no toxic effects whatever. Given often and repeatedly, it produced only a slight drowsiness. It has no effect upon the secretions of the skin or mouth, and does not affect the pupils or common sensation.

CARIES OF THE ANKLE IN CHILDREN.—Dr. V. P. Gibney, surgeon to the New York Hospital for the Ruptured and Crippled, writes (*Am. Journal of Obstetrics*, April, 1880) an interesting and valuable article to show the good results of expectant treatment in thirty cases of caries of the ankle. The expectant treatment, of course, excludes amputation and excision, and is thus described: "If the joint is inflamed, entire rest is ordered; if abscess form, it is opened; if loose bone be detached, it is simply removed as if it were a foreign body interfering with the process of healing; if, in the further progress of the case, malposition of the parts is found, a support or brace is given to rectify the deformity. * * Of course, the health is attended to on general principles." His cases are carefully recorded and analysed, and he draws from them the following conclusions:

"1. Many children annually undergo amputation of the foot for caries of the ankle, when, by conservatism and a proper amount of respect for the *vis medicatrix naturæ*, the member could be saved, the child be spared the mortification of being

thus hopelessly maimed, and surgery itself be ennobled.

2. Excision, as a rule, is not attended with as good results in children as authorities have led us to expect, and is *rarely ever justifiable*.

3. Partial excisions, the passage of tents through the joint, and other operative procedures offer no advantages over the expectant plan.

4. Nature, herself, unaided by art, gets useful limbs, but, as a rule, ankylosis varying in degree and deformity more or less marked.

5. The expectant plan of treatment, fully carried out, assures us of more results that are perfect, and more limbs that are useful without the aid of support, than does any other plan known to the profession."

MENSTRUATIO PRÆCOX (*Correspondenzheft. Sch. Aerzte*).—Dr. Otto Stockes (Luzerne) reports the case of a girl seven and three-fourths years of age, whose twin sister lived and was in all respects normally developed. This one, on the other hand, was very large at birth, and in her seventh month her breasts began to grow. She did not learn to speak and walk until she was a year and a half old. The first traces of menstruation were seen at the end of one year. When she was thirteen months old, a three-days' flow took place, and from this time on this was repeated regularly and punctually every four weeks. There was no difficulty or pain accompanying it. When seven and three-fourths years old, the child had a fuller and freer menstruation than her mother. She looked like a well developed girl of twelve, and weighed 14.75 kilo., was 18 cm. taller than her thirteen year old sister, and measured 16 cm. more around the breasts. The breasts were well developed, the nipples prominent, the genitals quite thickly covered with hair. She was her mother's eleventh child, an interesting fact in connection with d'Outrepoint's belief that there is a causal connection between abnormally early development of children and great productiveness of mothers.—*Am. Jour. of Obstetrics*, April 1880.

NIGHT-SWEATS.—Dr. Currie (*Michigan Medical News*) recommends to bathe the entire surface with a solution of quinine in alcohol, a drachm to the pint. A small surface only should be bathed at a time, care being taken not to expose the body to a draft of air.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., MAY, 1880.

Reports of the proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

PROMPT RENEWALS of subscriptions are in order. If you do not like the CLINICAL RECORD and its policy and *do not intend to pay for it*, be courteous enough to say so, pay up arrears and discontinue in a gentlemanly way. If you do like it, renew your subscriptions and ask your medical friends to subscribe.

A JUDICIAL MURDER.

In the case of Henry J. Redemeir, condemned to death by hanging for the killing of Franz Vosz, as related in our last number, a petition to the Governor of the State of Missouri praying for a stay of execution for a few weeks was presented. This petition was signed by several prominent medical gentlemen, most of whom had been called to testify as experts in this case, either at the trial which resulted in the prisoner's conviction or before the Sheriff's jury empanelled to try the question of insanity having been developed since his trial. This petition merely prayed that time might be given in order that his mental condition might be subjected to further investigation. It was signed by all but one of the physicians who had testified in the case. It is needless to say that the individual who refused to ask that a few weeks more of life might be granted the unfortu-

nate lunatic was the "neurine battery man," who showed such unseemly eagerness to have the hangman's noose cut off all further investigation. It never seems to have occurred to this man that this method of stifling scientific enquiry into the case might be the means of reaching facts that would render his claims to be considered an "expert" to the last degree ridiculous for all future time.

The august Executive had already determined that two men should be hanged on April 23d; hence his ears were deaf alike to the pleadings of the orphaned child of one of the condemned and to the petitions of those who wished the *laws of the State of Missouri* intelligently executed with reference to the other. His objections to granting the petition were trivial and unworthy of the high position to which he has been called.

Therefore, on the morning of April 23d, 1880, thousands of citizens crowded the jail yard and the house-tops for squares around the scene of execution. Redemeir was brought forth, as he said, "to be killed without having had a trial." Upon the scaffold, the pastor of the German Lutheran church, of which the prisoner's mother was a member, exhorted the victim to repentance. Redemeir understood the exhortation to refer to the specific act for which he was about to die. Still governed by the same insane delusion, as at all times since the act of killing, he said, "I am sorry that I killed the old man, even if my own life was endangered." Two minutes later the law was outraged in its own name, for the executioner had performed his assigned duty in the usual bungling manner. Death came slowly to the relief of the victim—he perished by strangulation.

Permission having been obtained from the relatives, the body was at once removed to the dissecting room of the College of Physicians and Surgeons, where, six hours after death, the autopsy was made. Professors Bauer and McIntyre made the sec-

tion in the presence of a considerable number of invited physicians and medical students. The brain was carefully removed and immediately placed in a saturated solution of bichromate of potash, then given in charge of a trustworthy man who kept the vessel containing it surrounded with ice for twenty-four hours. The tin vessel was then filled with cotton, saturated with the solution, in every part not occupied by the specimen, then taken to a tinsmith and securely closed with solder, in the presence of witnesses. The hermetically closed can was then again packed in ice for forty-eight hours, when it was securely packed in sawdust and firmly inclosed in a large wooden case, and shipped, April 26th, per Adams Express, to Professor E. C. Spitzka, 180 East 50th street, New York City, who received it in perfect order on April 29.

The brain, externally, appeared perfectly healthy; there were no evidences of disease in heart, liver or kidneys, thus showing that whatever excesses he may have committed, they had left no trace in these organs or upon the surface of the brain, which was not dissected until it reached its destination.

Professor Spitzka removed the brain from its packing and dissected it in the presence of a disinterested witness. The results of his first examination are here presented in the form of an official report:

"Weight of right cerebral hemisphere, 213 63 Troy, or 696 grammes.

Weight of left cerebral hemisphere, 203 43 Troy, or 656 grammes.

Weight of cerebellum, 53 73 Troy, or 188 grammes.

The fact that the cerebral tissues had absorbed Ka O, Cr O₅, renders these weights valueless as *absolute* weights, they are valuable only as showing the *relative* preponderance of the right hemisphere, which is abnormal in a right-handed person.

The convolutions of the right side generally better developed than on the left, though anomalies in the fissures were found on the right side also.

The orbital lobes of both hemispheres greatly hollowed out, a very low feature.

Sulcus of Rolando makes nearly a right angle with the median longitudinal fissure (For signification see Clevenger, April No. of *Journal of Nervous and Mental Disease*). Frontal gyri poorly developed.

Island of Reil on left side flat, with as few, and almost as imperfectly marked foldings as exhibited by the anthropoid apes.

Island of Reil on right side flat, with six folds deeper and better marked than those of the left side.

Inner face of supra-Sylvian operculum smooth on left side, on right well folded.

Persistent external perpendicular occipital fissure on right side of great depth, and repeating very faithfully the type of the same fissure in the early embryo, and approximating that of the anthropoid apes.

The olivary nuclei, and apparently the anterior pyramids are unsymmetrical—microscopic sections will exhibit this more accurately.

Nucleus lenticularis very much less massive on left than on right side.

Membranes and tissues averagely healthy. Four small serous cysts in left cerebrum. Whole locality will be communicated with full report, one ditto in right.

No decidedly pathological appearances noted except a ground-glass appearance of ventricles, most marked in fourth, and a discoloration of one of the thalamic tubercles.

The appearances of venous engorgement, *et cætera*, require no detailing.

Probably three months will elapse before the examination is complete."

Professor Spitzka is recognized as one of the best, if not altogether the best, among the microscopists and comparative anatomists in this country. We do not doubt our readers will look with much interest to the results of his investigation of this specimen. The "ground-glass appearance" is not normal, the marked—*remarkable*—asymmetry is not normal, while the undeveloped condition of the entire organ at once places Redemeir in the class of imbeciles.

But the *post-mortem* appearances were not necessary to demonstrate the fact that Redemeir was *non compos mentis*. It matters not whether he had or did not have epilepsy. The fact of his insanity does not depend upon any such uncertain factor.

He came into life with a brain dwarfed upon one side—maimed from his mother's womb. It was to be expected that his mind should show its incapacity in more than one way. Any imperfectly developed organ is, by reason of its defect, more liable to disease.

It is very evident that he was utterly incapable of forming any deep-laid scheme of deception. He was always free to talk about his misdoings, was not averse to saying what might—in fact, must—be construed to his disadvantage. Hence there is no reasonable ground for supposing that he had any motive for killing Vosz other than the one that he stated to the Coroner at the inquest, to the Judge of the Criminal Court when he pleaded guilty to murder in the first degree—in spite of being told repeatedly that he must die by hanging if he persisted in such a plea—to every visitor in his cell, and to Pastor Kopf as he stepped upon the fatal drop. It was always and invariably the same: "I killed him to save my own life."

A delusion is always subjective, its existence in the mind of the lunatic must always be proven by his words and acts. The existence of all pain in other than ourselves is dependent for proof upon the same kind of evidence. An insane delusion, as Dr. Wright, of Ohio, has very aptly stated it, has all the force of a conviction. We are sure that religious martyrs in all ages were sincere in their convictions—for have they not died with their utterance on their lips? If evidence has any value, if we can believe anything spoken by the tongue of man, anything that is not proven by the five senses of each one for himself—it appears to us that we must believe that Redemeir acted, as he supposed, in self-defense when he killed Franz Vosz. If he *believed* this and persisted in the belief in spite of evidence to the contrary, it was a delusion.

No evidence was offered, so far as we have been able to learn, and we have taken great pains to investigate the

matter, which would go to show that there was any "old grudge" on Redemeir's part against Vosz. All that we have heard is that there *might* have been something of the sort, but this has always been pure hypothesis. It is said, for instance, that Vosz had reproved Redemeir for idleness a year or more before the homicide, that Vosz had refused to pay for a glass of beer for Redemeir two years before, etc., but not the smallest reasonable or plausible excuse for such an atrocious act was alleged. If these were, actually, the reasons for the killing, they could not have been motives for a sane murderer—*ergo*, they were insane motives.

But let us suppose, for the moment, that Redemeir was not insane, but had some reason—sufficient for the time—to believe his life was endangered by Vosz. Under these circumstances even, he must be acquitted. We make but one citation, but it fits this case in either event, whether the prisoner was partially or wholly insane. We quote from the answers of the English Judges to the House of Lords Questions (The Medical Jurisprudence of Insanity, by J. H. Balfour Browne, Esq., 2nd Ed. Philadelphia, 1876, page 50, § 10, Question 4): "On the assumption that he labours under partial delusion only, and is not in other respects insane, he must be considered in the same situation, as to responsibility, as if the facts with respect to which the delusion exists were real. For example, if, under the influence of delusion, he supposes another man to be in the act of attempting to take away his life, and he kill that man, as he supposes, in self-defense, he would be exempt from punishment. If his delusion was that the deceased had inflicted a serious injury to his character and fortune, and he killed him in revenge for such supposed injury, he would be liable to punishment."

As Ray has said, the latter proposition cannot be accepted, for it assumes that an insane man is capable of reasoning sanely

from his delusions, which is absurd. The first is, however, perfectly reasonable, and we believe beyond the peradventure of a doubt, applies to the case under consideration.

Great emphasis was laid by some of the medical experts, and this seems to have misled the Sheriff's jury also, upon the existence or absence of epilepsy in Redemeir's case. These gentlemen were ready to admit that the act was the result of insanity if epilepsy were first proven. This was illogical, to say the least. As well say "I will believe the patient has trifacial neuralgia, if you will prove to me that he has had a malarial chill."

Malarial intoxication will produce neuralgia in a certain proportion of cases; epilepsy will produce insanity in a certain proportion of cases; but the diagnostician, who is reasonable, must know that the sequence is not invariable in either case. To pin one's faith in this manner to one possible pathological succession of events is not suggestive of either skill or matured experience.

From what we have written we draw what we deem just conclusions as follows:

A petit jury may err; a jury of "more than ordinary intelligence" may make a mistake—especially when they usurp the functions of the medical expert; a medical expert may prove himself not infallible—especially when he allows his selfish interests to override his moral convictions; the governor of a great State may betray sottish ignorance of his proper duties—which are to see that the laws are duly enforced, those for the protection of the citizen being as binding upon him as those for the punishment of criminals; and, finally, that the public prints are not the proper custodians of the lives of the people.

In other words, we believe that Henry J. Redemeir was the victim of a judicial murder, and that we have proved it conclusively.

"POLITICS AND DOCTORS."

Some of our contemporaries or much exercised on account of the appointment by the Governor of New York of an alleged incompetent to the position of Health Officer of the port of New York. When the Mayor of St. Louis appointed a *non-medical* Health Commissioner to look after our sanitary affairs, including the registration of *physicians*, we were alone in our protest. That this appointment was made on political grounds only, did not seem to be anything out of the ordinary routine. But now, when some influential "political doctor" is displaced to make room for another of the same kind, the medical world is invited to join in united protest against such an enormous evil!

Physicians have begun meddling with politics by insisting upon the passage of "medical laws" in most of the States, the appointment of State boards of health and a National board of the same kind. If our brethren had attended to their own proper affairs instead of attempting to "protect the dear people" by expensive legislation, which has really accomplished no more than might have been done by the intelligent physicians all over the country working manfully each in his own proper sphere, much more good would have been done.

The New York Legislature has before it a piece of medical legislation that is calculated to bring tears to the eyes of our venerable defenders of the Code. The Judiciary Committee of that learned body has reported favorably upon the following bill:

"SECTION 1.—It shall be, and is lawful for the physicians and surgeons of any medical school, duly recognized under the laws of this State, to meet in consultation in cases of sickness with physicians of any different system of medicine now recognized by the laws of this State.

SECTION 2.—No county, State or local medical society shall in any manner discipline or punish any member of such county, State or local medical society for any aid, assistance or counsel he shall render to

any physician of a different school of practice."

After the passage of this act, the New York specialist will find himself freed from all restraint so far as consultations with homœopaths and eclectics are concerned. Consultations with clairvoyants, natural healers, and the "root and herb" fellows will still be forbidden; therefore new legislation will soon be required.

The medical profession, as we have held for years, has nothing to gain but everything to lose by meddling with politics. If it has not honor and dignity enough within itself to insure the respect and confidence of the community, it is very certain that class legislation will not do it any good. It is better that there should be no legislation than such medical laws as are in force in many of the States. Better King Log than King Stork! Low-grade medical schools are responsible for all these troubles.

"**TOADYISM.**"—It is very amusing to observe how anything with a foreign flavor is appreciated by a certain class of Americans. We refer, of course, to the pseudo-aristocratic denizens of our great and glorious Union; men who "make believe" that they are a little better than the common herd; men who would like to establish an exclusive class of some sort and rule over their equals.

Dr. William A. Hammond, of New York, has published a systematic work on Diseases of the Nervous System, which has already passed through six editions in this country, besides being translated into most of the European language. *Le Concours Médical*, some time last year, gave an abstract of the chapter on paralysis agitans, crediting the article to "M. Hammond." This was translated for the *British Medical Journal*, credit being given to the French journal. This translation was copied into the *London Practitioner*, credit being given to both the English and French papers. The same translation was copied into the *Chicago Medical Journal and Examiner*, of

a recent date, as a direct translation from the French periodical, "M. Hammond" being given as the author. The Chicago translator(?), evidently, having not the slightest suspicion that he was giving a "translation" from a work by one of his own countrymen, in his own language, which had been before the American public for years! "Who reads an American book?" said Sidney Smith, many a year ago. It is evident that they are not read to any great extent by the dainty gentleman who does the "translating" for the journal aforesaid.

POST-MORTEM HONORS.—"Say nothing but good of the dead," is a very good maxim, but its teaching does not require us to speak well of the dead in whose character there was nothing worthy of being imitated by the living. The *CLINICAL RECORD* will not lend itself to any such base uses. If a physician disgraces the profession during his life by unprofessional practices, by drunkenness and gross immorality, by persistent violation of the ethics of gentlemen and by non-observance of the courtesies of ordinary life, this journal will not attempt to secure the favor of his surviving friends by lying eulogies upon the "dear departed."

We cannot but think that such practices are demoralizing and calculated to work immeasurable injury. We need not do more than make these general remarks. In the words of the immortal Jack Bunsby: "The bearing of this observation lies in the application of it."

"The *ST. LOUIS CLINICAL RECORD* was six years old last March, and from appearances, promises to live on to a green old age."—*San Francisco Medico-Literary Journal*.

The "six-year-old" returns thanks to the charming editress of the only Western journal of sanitary science for this cheerful prognosis. The *Medico-Literary* is full of vim and energy, and ought to have a good subscription list in the "Future Great."

Book Notices and Reviews.

THE HYPODERMIC INJECTION OF MORPHIA.
Its History, Advantages and Dangers.
(Based on the experience of 360 physicians.) By H. H. Kane, M. D. New
York: Chas. L. Bermingham & Co.,
Medical Publishers. 1880. Cloth, \$2 50.

Dr. Kane has rendered valuable service to the medical profession and done himself no little credit in the publication of his work entitled "Morphia Hypodermically." This subject has not, in any previous treatise known to us, received the attention and consideration that it merits. This brief treatise is designed by its author to point out in a practical manner the advantages to be derived from and the dangers incident to the use of morphine by this method. Owing to the almost universal practice of hypodermatic medication by physicians, and especially the employment of morphine in this way, it occurs to us that this little volume, although crude in many of its expressions and theories, is timely, and, we believe, will serve to illuminate areas hitherto dark in regard to the action, administration, dangers and value of this important remedial agent. Too many men in the medical profession, acting upon the *ipse dixit* of others, have used morphine indiscriminately and irrationally, being induced to believe that "relief from pain," as has been tersely expressed, "constitutes the highest pleasure of which nature is susceptible." This theory, in our opinion, subordinates the plainest indications for the wise administration of a remedy in the cure of a disease to a blind empiricism. Such a course, pursued in the general use of remedies, would render diagnosis of no value whatever, check thought and investigation, and make the knowledge furnished by the physiological and therapeutical effects of a remedy as the guide in its administration of secondary importance.

The author, after giving due credit to the various claims of several gentlemen assert-

ing priority in the discovery of this mode of medication as well as of the hypodermic syringe, yields to Dr. Fordyce Barker the honor of its first introduction into this country, and assigns his several reasons for the adoption of this system of medication the following brief summary, viz:

"1. Economy of drug, less being necessary; 2, greater rapidity of action and greater permanency of effect; 3, possibility of giving this way when stomach cannot retain or when swallowing is impossible; 4, less tendency to constipation and none to disordered digestion; 5, great local action; 6, peculiar curative action in disease when morphia by the mouth is of no avail."

He then arrives at the conclusion reached by Anstie, that "anodynes or hypnotics ought never to be administered by the mouth in acute diseases attended by anorexia." As regular and healthy nutrition is the *sine qua non* in these diseases, "the avoidance of any treatment that will interfere with the digestion of simple food, is a cardinal necessity," and this is a point that is well worthy of being learned and is of great practical importance when observed. We conclude that the author rather inclines to the "non-belief in the efficiency of localizations," although he does not assert positively, either *pro* or *con*, whether an injection of morphia is as effective when made at a distance from the seat of pain as when made directly over it, but comes to the conclusion that "the more the complaint, especially neuralgia, has an acute or chronic inflammatory process as a factor, the more efficacious is a local injection." But when the disease seems to be dependent upon a constitutional cause, the localization of the injection does not seem to be called for—distant injections being usually efficacious. With regard to the cause of inflammation and abscess following punctures of the needle, we can agree with the author in ascribing them to carelessness in use of instrument—a rusty needle, or an

improper solution, or, as Bartholow claims, the development of a *penicillium*. We desire to record our experience as in favor of *impromptu* solutions, i. e., solutions made at the time, and from the powder of the drug (especially morphine), in such a dose as the exigencies of each case may require. Morphine freshly dissolved, moderately warm, with a clean bright needle, will never occasion inflammation or abscess at point of puncture.

In reference to the dose, the author, while placing on record the experience of some practitioners as favoring what we consider dangerous and heroic doses in the beginning, advocates a wise conservatism in preferring the smallest dose to commence with and gradually increasing, as the nature, urgency and tolerance of each case severally demands. The suggestion in the work, that in order to avoid the morphine habit, physicians should *always* administer the drug and at the same time keep the patient in total ignorance of the remedy used, may be wise, but is it practicable? Decided benefit is claimed from morphia subcutaneously in epilepsy, idiopathic tetanus, neuralgia, cholera morbus, lead colic, lumbago, pneumonitis, vomiting of pregnancy and irritable stomach from any cause. That it acts in many of the above enumerated diseases differently by this method from morphine administered by the mouth, is amply corroborated by the experience and testimony of eminent authority in the profession. The testimony added in favor of its proscription in delirium tremens, acute mania, and organic lesions of the kidney, lacks sufficient clinical data or positive experience, especially in acute Bright's disease, to establish the objection upon anything like a reasonable pathological or rational basis. But the real merit of the work, especially in point of originality, lies in the chapters on "Deaths," "Narcosis," and "Syncope," and the "Treatment of Morphia Narcosis." In the chapter on syncope reference is made to a tourniquet

for common use to modify or prevent the dangers sometimes attendant upon the injection of the drug directly into a vein. This chapter is full of common sense and contains many useful suggestions, this application of the tourniquet being among the most prominent, together with timely warnings which, if heeded, will save unnecessary anxiety and loss of life. The chapter devoted to the consideration of the treatment of morphia narcosis is replete with wholesome advice and practical thoughts, and especially dwells upon the necessity for using "*all the measures at our command*," and not relying exclusively upon atropia as is usually done. The recommendation to always carry such articles as atropia, strychnia, citrate of caffeine, and carbonate of ammonia in powder or solution in proper doses already labeled, in order that the dangers arising from the use of morphine in this way can be promptly and effectually met is worthy of consideration and adoption by physicians. These and many other important suggestions are given in this little manual which, to our mind, is an epitome of all that is useful and practical upon the interesting subject of morphia hypodermically administered.

The author has been extremely modest, giving prominence to the views and experiences of others over his own, but at the same time giving emphasis and positiveness to his own convictions when he deemed it necessary to express them. We are glad that we have had the pleasure, as well as profit, of reading the book, and can cheerfully commend it to the attention and consideration of all who may desire information upon this subject. R. M. K.

LECTURES ON CLINICAL MEDICINE, Delivered in the Royal and Western Infirmarys of Glasgow. By Dr. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow. 8vo. pp. 268, with illustrations. London: Macmillan & Co. 1877. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$3 00.

This admirable series of lectures has been

before the medical public for some time, but is of such value that no apology is necessary for again calling attention to its merits.

There is no attempt made to cover the entire field of clinical medicine but the lectures given are illustrative of practical points and are always very suggestive. In the introductory chapter the recent advances in methods of clinical research are briefly alluded to, and especial mention is made of the use of cold baths and iced cloths in the treatment of fevers. Some errors, typographical and otherwise, mar this chapter and require correction.

The characters of the chapters from II to X, inclusive, are sufficiently indicated by their titles: "Cases Illustrative of Pain as a Symptom of Disease," "Cases Illustrative of Gastric and Cerebral Vomiting," "On a Case of Hysteria," "Cases Illustrative of Spinal Irritation," "The Phenomena of Embolism," "A Case of Supposed Disease of the Pons Varolii," "Treatment of Aneurism of the Arch of the Aorta by Galvano-Puncture," (two lectures), and on "Aneurism of the Abdominal Aorta." These lectures are all plain, practical, and readable.

The eleventh lecture, on tubercular peritonitis, is an eminently suggestive one. In it the author raises the question "Whether true tubercle is really such a relentless foe as it is generally described to be, and whether persistent and energetic treatment, carried out with a hope and expectation of success, may not, in some cases, at all events, arrest its progress, and remove the inflammation which is so apt to accompany it." This he answers in the affirmative and relates several cases with their treatment in support of his position. He also quotes a case from Spencer Wells proving, beyond a doubt, that this usually fatal affection is not entirely hopeless.

Lecture XII, on Acute Phthisis, (Galloping Consumption), has an equally important bearing. Three apparently desper-

ate cases are related, each of which made a good recovery, under treatment by iced cloths, atropine injections, support, stimulants, etc. Quinine, digitalis and opium, according to Niemeyer's formula, proved powerful aids as antipyretics. Dr. McCall Anderson evidently believed firmly in the efficacy of drugs, and his confidence seems well founded.

The chapter on mediastinal tumors will be of value in many of these obscure conditions. The manifest relationship between cancer and keloid is well illustrated.

In Lecture XIV, on a case illustrative of the cirrhotic form of Bright's disease, there is an excellent example of paralysis due to a lesion of the cortex cerebri. The paralysis was transitory, hemiplegic, and the lesion involved the entire bulk of three or four convolutions on the external aspect of the extreme posterior portion of the hemisphere.

A curious case of multiple fatty tumors in the subcutaneous cellular tissue complicated with aneurism of the aortic arch occupies the fifteenth lecture. The two chapters concluding the work are devoted to rare affections of the skin and its vegetable parasites. These are subjects upon which the author is a recognized authority, and need no specific commendation at our hands. Dr. Carnochan's results of ligation of the main artery of the extremity for elephantiasis Arabum are referred to.

Altogether, this is an excellent work and well worth reading by both student and practitioner. It has our hearty indorsement.

PHARMACOLOGY AND THERAPEUTICS; or Medicine Past and Present. The Gulstonian Lectures Delivered before the Royal College of Physicians in 1877. By T. Lauder Brunton, M. D., F. R. C. P., F. R. S., Ass't Physician and Lecturer on Mat. Med. 12mo. pp. 212. London: Macmillan & Co. 1880. St. Louis: Book & News Co. Cloth, \$1 50.

We have read Dr. Brunton's charming little book through and through, from pre-

face to conclusion, and our only regret is that it is so brief. It is written in a style that renders the driest subject absorbingly interesting, while every statement is presented with such force of logic and an array of evidence sufficient to satisfy the most incredulous that there is a prospect of attaining exactitude even in therapeutics.

The first chapter contains a bird's-eye view of the history of medicine from the earliest times, with the reasons for the slow progress of our art, and a hint as to the only method by which it is possible for its future progress to be possible.

In the second and third chapters the progress of medicine in the past is briefly sketched, supporting the proposition laid down in the first, that ideas and facts must be compared by observation and experiment in order that progress may be possible.

The rational and scientific study of medicine is illustrated in Chapter IV, by the advances made by the great masters from Galen to Brown-Séquard. The history and methods of pharmacology are illustrated in the two following chapters by an account of the experiments of the great physiologists, such as Majendie, Claude Bernard, Schiff, and others. Especial reference is made to his own experiments with a new drug, *Erythrophleum Guinense* (Casca), a new ordeal poison from Western Africa. From these experiments—which are introduced to illustrate the proper method of investigating the action of a drug—we may infer that we are to have a drug not inferior to digitalis, which it resembles in action, placed in our hands.

The six following chapters, concluding the volume, on Pathology, Therapeutics, Respiration, Digestion (two chapters) and the Action of Ferments or Enzymes in forming Tissues, are, each and all, most suggestive and instructive. All in all, it is one of the most satisfactory volumes it has been our good fortune to peruse in many years. We most heartily commend it, especially to those who have grave doubts

as to the value of physiological experiments upon the action of medicine.

A MANUAL OF PATHOLOGICAL HISTOLOGY.

By V. Cornil, Assistant Professor in the Faculty of Medicine of Paris, and L. Ranvier, Prof. in the College of France. Translated, with Notes and Additions, by E. O. Shakespeare, A. M., M. D., Lecturer on Refraction and Operative Ophthalmic Surgery in the University of Pennsylvania, Etc., Etc., and J. Henry C. Simes, M. D., Demonstrator of Pathological Histology and Lecturer on Histology in the University of Pennsylvania. 8vo. pp. 784. With 360 Illustrations on Wood. Philadelphia: Henry C. Lea. 1880. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$5 50; leather, \$6 50.

This important work has gained a very high position in Europe as a manual for the student, and the American editors have done well to present it to the profession in this country. Their work has involved a vast amount of labor, for the original appeared in parts, beginning in 1869, and ending in 1876, hence much became obsolete during the long interval since the first part was published. The editors have condensed and added so much, that this must be looked upon as much more than a simple translation. The illustrations added by them are in excellent taste and are above the ordinary standard of such works.

The arrangement of the work is similar to those on normal histology. In fact, a summary of the normal histology of each tissue and organ precedes the description of pathological changes. Therefore, although not a complete substitute for works on normal histology proper, it affords a summary of the subject to those unable or unwilling to purchase works on both subjects. The authors' definition of inflammation is as follows, omitting italics:

"The series of phenomena observed in tissues and organs analogous to that which may be produced artificially in the same parts by the action of a physical or chemical irritating agent."

This may be the best that can be given in the present state of our knowledge, but,

at the same time, seems to us to be delightfully circumspect and non-committal. They might have said, in fewer words: Inflammation is—inflammation!

In the section on tuberculosis (p. 112) the editors have taken, almost verbatim, Rindfleisch's article on the same subject from Ziemssen's *Cyclopædia*, Vol. V. The attempt to give the pathological anatomy of "scrofula," here as elsewhere, seems to us in a chaotic condition, which the authors, editors, Rindfleisch, Wagner and Woodward together have failed to make much clearer than it was before.

In spite of our dissatisfaction with some few of the sections, we are sure that this American edition of Cornil and Ranvier's great work will meet the wants of the student and practitioner better than any book on the subject with which we are familiar.

EYESIGHT: GOOD AND BAD. A Treatise on the Exercise and Preservation of Vision. By Robert Brudenell Carter, F. R. C. S., Late Hunterian Professor of Pathology and Surgery to the Royal College of Surgeons of England; Ophthalmic Surgeon to St. George's Hospital, Etc., Etc. 12mo. pp. 265, with numerous illustrations. London: Macmillan & Co. 1880. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$1 50.

This book on the hygiene of the eyes by one of our best authorities on ophthalmology, is a most acceptable addition to popular medical literature. Mr. Carter has reached a very high position in his specialty, in this country as well as in England; the American edition of his systematic work, under the auspices of our townsman, Dr. Green, having aided our profession to a proper appreciation of this author and his admirable writings.

There are, as the writer states, certain precepts and injunctions which ought to be universally known and understood, but which the ophthalmic consultant must repeat to almost every patient. It is his object to diffuse a knowledge of these subjects among the people. This he has at-

tempted to do in this little book, and it is almost needless to say, his task has been remarkably well performed.

The anatomy of the eye and its appendages, is first considered in a familiar style which is charming from its simplicity. The physiology of vision occupies five chapters, each of which is clearly written and easy of comprehension by every one who can understand the English language.

The common defects of vision: myopia, hypermetropia, astigmatism, asthenopia, and color-blindness, are considered in the three following chapters. Hygiene of the eyes at the different periods of life is then treated of in admirable style. Contrivances for saving visual effort take up a chapter; in this the "type-writer" receives very favorable mention. A chapter of practical hints on spectacles—a most useful one—closes the book.

Altogether, it is the best treatise for popular and professional easy-reading on hygiene of the eyes that we have yet seen. Physicians and the people are alike too careless of their eyesight, and anything which will tend to a more rational care of the visual apparatus is of the very highest value. We give Mr. Carter's book our most cordial endorsement.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M. A., M. D., F. R. S., Prælector in Physiology and Fellow of Trinity College, Cambridge. From the third and revised English edition, with notes and additions, by Edward T. Reichart, M. D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. 12mo., pp. 1030, with 259 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: Book & News Co. Cloth, \$2 50.

The remarkable popularity of Foster's excellent manual of physiology is shown by the appearance and rapid sale of two English editions and an American reprint within the short space of less than six months.

Of the matter of the English editions, which is bodily transferred to the one under

consideration, we need not to do more than chronicle its reproduction here; the recent reviews furnished our readers by Professors Spitzka and King have brought it most favorably before them. Of the additions by the American editor we can say that they render the work more available to the ordinary medical student. The histology of the different tissues and organs is given, and some well-considered amplifications have been made. The student *ought* to study histology as a special and separate branch, but, as time and expense are regarded with a jealous eye by the ordinary American medical tyro, a histological department has become almost a necessity for a work on physiology if it is to *sell* well in this country. The section on embryology might have been more modern, but doubtless this part of the book will suit the ordinary student well enough. This subject, however, like histology, should be studied in a special work.

The publishers have done their part of the work remarkably well, and the book is a marvel of cheapness.

AMERICAN HEALTH PRIMERS:—VIII.

BRAIN-WORK AND OVERWORK. By Dr. H. C. Wood, Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science, etc., etc. 16mo. pp. 126. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents.

In the introductory chapter Dr. Wood criticises Althaus' statistics, which apparently show that nervous diseases are not upon the increase, and reaches the following proposition:

"Modern life has a two-fold action in regard to nervous affections; it protects from many degenerations which are the result of physical hardships and exposure, but it tends to produce nervous exhaustion, which may end in brain-softening or some other marked nervous disease, or may find its outcome in a pneumonia or a fever."

The second chapter is devoted to the General Causes of Nervous Trouble, includ-

ing defective hygiene, exposure and dissipation. Dr. Wood is no advocate of total abstinence, yet his pages would give the "teetotalers" some very valuable arguments. The dangers of overfeeding are insisted upon as being less only than those of overdrinking. Sexual excesses, syphilis, etc., are hinted at in a very becoming manner.

The subjects of work and rest occupy the remainder of this excellent little volume. Rest in Labor, Rest in Recreation, and Rest in Sleep, are the titles of chapters that should be read by all. In the concluding pages attention is given to guarding against excessive wear and tear of brain tissue during protracted mental labor, and to the symptoms which give warning of an approaching nervous breakdown: irritability of temper, headache and sleeplessness.

Altogether, this is a most sensible, well written and readable "primer," and should be perused by every brain-worker.

THE HAIR: its Growth, Care, Diseases and Treatment. By C. Henri Leonard, M. A., M. D., Prof. of Med. and Surg. Diseases of Woman, and Clinical Gynecology, in the Mich. College of Medicine, Etc., Etc. 12mo. pp. 316, with 116 engravings. Detroit: C. H. Leonard, Medical Book Publisher. 1880. St. Louis: Book & News Co. Cloth \$2.

Dr. Leonard has produced a very interesting and valuable book out of rather unpromising materials. It is written in popular style and is intended as an introduction to a larger and more scientific work which the author hopes to soon have the time to prepare.

The first eight chapters are devoted mainly to the anatomy, physiology and hygiene of the hair. Chapter IX considers excessive hair-growth. We are pleased to see that due credit is given to Dr. Michel (which he misspells Michele), of this city, for the application of electrolysis (Chapter VII) to the removal of superfluous hairs, and does not mention the fraudulent claimant to the honor. Grayness, discolora-

tion, baldness (in all its forms), and hair coloring, are satisfactorily discussed in the five chapters that follow. The diseases of the hair and scalp and animal parasites take up chapters from XIV to XXV, inclusive. The different modes of dressing the hair among ancients and moderns are treated of in two chapters, while the last is given to the beard. These contain many interesting facts presented in charming style. The book is a model of elegance, and the many illustrations add greatly to its value and attractiveness.

A PRACTICAL HANDBOOK OF MEDICAL CHEMISTRY Applied to Clinical Research and the Detection of Poisons. Partly Based on "Bowman's Medical Chemistry." By William H. Greene, M. D., Demonstrator of Chemistry in the Medical Dep't of the Univ. of Pa., Etc., Etc. 12mo., pp. 310. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$1 75.

The translation of Würtz's Chemistry by the author and the careful editor's work displayed therein, gave us a very favorable opinion of his knowledge of the subject and his ability to do good work in a thorough manner. Our expectations have not been disappointed. The book before us will be found eminently practical and well adapted to the wants of the medical student and practitioner who finds his knowledge of medical chemistry deficient. We hope that the clear and perspicuous manner in which it is written will induce students to devote more time and study to this very important branch of science. Such study is more and more needed as the requirements of our schools advance, and the medical student of the future will have to possess more than a mere smattering of this most attractive of the medical sciences. In many cases a liking for chemistry must be acquired at the expense of some little effort, but a little perseverance in the use of Würtz's elementary work and this practical supplement will dispel such preliminary disinclination as many experience.

SKIN DISEASES, Including their Definition, Symptoms, Diagnosis, Prognosis, Morbid Anatomy and Treatment. A Manual for Students and Practitioners. By Malcolm Morris, Joint Lecturer on Dermatology at St. Mary's Hosp. Med. School, Etc., Etc. 12mo. pp. 320, with illustrations. Philadelphia: Henry C. Lea. 1880. St. Louis: Book & News Co. Cloth, \$1 75.

This book fills no want long felt; it is in no regard a substitute for the larger works, while, as a student's manual, it ought to be still more condensed. We really see no particular reason for the author's expenditure of time and labor in writing it, or the publishers' lavishing printer's ink and good paper as they have done in issuing it.

It seems to be well written and very practical in character, and will, no doubt, find a large circle of readers. The "strumous diathesis" plays very little part in this book, which is much to the author's credit.

HEADACHES; Their Nature, Causes and Treatment. By Wm. Henry Day, M. D., M. R. O. P. Lond., Phys. to the Samaritan Hospital for Women and Children. Third Edition. 12mo. pp. 322, with illustrations. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$2.

Dr. Day's book is interesting, instructive and practical. It is without doubt the best special treatise on this troublesome symptom extant. The classification appears a little complicated at first sight, but is calculated to make the multifarious relations of this symptom more intelligible. The sections on therapeutics are especially valuable. The publishers have presented this *third* edition in most elegant style, excelling themselves, if that were possible.

AMERICAN HEALTH PRIMERS:—IX.

OUR HOMES. By Henry Hartshorne, M. D., Formerly Professor of Hygiene in the Univ. of Pa. 16mo. pp. 150. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, 50 cents.

Dr. Hartshorne has written a very excel-

lent hygienic tract, which ought to have a wide circulation among the intelligent classes. After an introductory chapter on the importance of preserving the health, the situation, construction, light, warmth, ventilation, water-supply, drainage and disinfection of dwellings are briefly and practically treated of. The chapter (X) on Population is devoted to showing the dangers of overcrowding, and is very suggestive. He advocates the plan of the building associations of Philadelphia, as being well suited to the wants of the thrifty workingman. A chapter specially devoted to workingmen's homes closes the volume.

LITERARY NOTES:—

JOURNALISTIC.—The *Arkansas Medical Journal*, a monthly of fifty-six pages, Jonathan J. Jones, M. D., editor, has just made its appearance. It is well edited, well printed, and contains a large amount of valuable material. We wish our old friend, the editor, the fullest measure of success in his new and very creditable enterprise. Subscription, \$3 00 per annum; address the editor, Little Rock, Arkansas.

The *Peoria Medical Monthly* is the latest addition to the list of new ventures in medical journalism. Its contents are mostly brief, very practical, and suited to the wants of its prospective subscribers. We hope its success will be all that its editors, Drs. John Murphy, J. L. Hamilton and H. Steele, can desire. Twenty-four pages, \$1 per annum; address the publisher, Thos. M. McIlvane, A. M., Peoria, Ill.

The *Maryland Medical Journal* has met with such success that it has put on a new dress and now appears twice a month. Its accomplished editor, Dr. Ashley, is to be congratulated upon his success in firmly establishing a first-class journal.

PUBLISHERS.—Mr. Henry C. Lea has retired from business as a medical book publisher, and is succeeded by Messrs. Henry

C. Lea's Son & Co. The house will, no doubt, sustain its preëminent position among American medical publishers which it has made in the three generations in which the name of Lea has been prominent.

Mr. Presley Blakiston has purchased the stock of the late eminent firm of Lindsay & Blakiston, and will continue the same line of business, No. 1012 Walnut street, Philadelphia, in which his predecessors made such an honorable name.

We wish the new firms all the success that honorable dealing, respectability and the best business tact ought to secure.

ZIEMSEN'S CYCLOPÆDIA, Vol. IX, on Diseases of the Skin, is announced to appear in June next. Prof. v. Ziemssen had undertaken to write this volume himself, but continued illness has made this impossible. Dr. Popett, of Munich, has undertaken to complete the work, and it will be issued at the date mentioned. A full index to the twenty volumes (including Buck's Hygiene) will be published as soon as practicable after the appearance of the IX and final volume of the Cyclopædia. This will be of the greatest value and convenience to every one who possesses a copy of this most magnificent work.

ANNOUNCEMENT.—Mr. E. B. Treat, 757 Broadway, New York, will publish a new work on Sea-Sickness, by Dr. George M. Beard, during the present month. The author believes that sea-sickness is a functional disease of the central nervous system, and recommends a treatment based on this theory that has proved successful in his hands. We shall look for this book with some curiosity, which would be heightened if we were going to Europe the coming summer. Unfortunately we are not. American medical ethics and our Health Departments (national and municipal) require altogether too much attention and cannot be neglected!

BOOKS & PAMPHLETS RECEIVED.

COMMON MIND-TROUBLES, and the Secret of a Clear Head. By J. Mortimer-Granville, M. D., M. R. C. S., Etc. Edited, with Additions by an American Physician. Crown 8vo. pp. 185. Philadelphia: D. G. Brinton, 115 South 7th st. 1880. Cloth, \$1 00.

HOMOEOPATHY: WHAT IS IT? A Statement and Review of its Doctrines and Practice. By A. B. Palmer, A. M., M. D., Prof. of Pathology and Pract. of Med. in the College of Medicine and Surgery in the Univ. of Michigan, Etc. 8vo. pp. 104. Detroit: Geo. S. Davis, Medical Publisher. 1880. Cloth, \$1 25.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS:—

THE VENEREAL DISEASES, Including Stricture of the Male Urethra. By E. L. Keyes, A. M., M. D., Prof. of Dermatology and Adjunct Prof. of Surgery in the Bellevue Hosp. Med. College, Etc., Etc., Etc. 8vo. pp. 348. New York: Wm. Wood & Co. 1880.

A TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE. By Alfred Poulet, M. D., Adjutant Surgeon-Major, Inspector of the School for Military Medicine at Val-de-Grace. 8vo. Vol. I, pp. 271, Vol. II, pp. 320. New York: Wm. Wood & Co. 1880.

A HANDBOOK OF PHYSICAL DIAGNOSIS, Comprising the Throat, Thorax and Abdomen. By Dr. Paul Guttman, Privat Docent in Medicine, University of Berlin. Translated from the third German Edition by Alex. Napier, M. D., Fellow Fac. Phys. and Surg. Glasgow. 8vo. pp. 344, with a colored plate and 89 fine wood engravings. New York: Wm. Wood & Co. 1880.

We call attention to these four volumes, which are the first of Wood's series for the present year. The volumes are larger and better bound than those of last year, while they are all written or translated especially for this series. Mr. C. C. Pease, No. 514 Olive street, St. Louis, has the exclusive agency for this section. All orders should be sent to him.

Miscellaneous Notes.

PROF. H. H. TOLAND, M. D., of San Francisco, died recently. He was the foremost surgeon of the Pacific States, and a teacher noted for the excellence of his lectures and their eminently practical character. It may be of interest to know that he had amassed a fortune of over a million dollars.

DISSECTING MATERIAL.—Medical schools will have material for dissection, and as long as the present foolish objections exist to the use of bodies of paupers and criminals for that purpose, there can be no security against the operations of the resurrectionist. As long as high prices are offered for subjects, so long will there be found people who will undertake the risk of supplying the demand.—*Mich. Med. News.*

LACTOPEPTINE.—This preparation, which has the merit of being considerably cheaper than the best kinds of pepsin, has been found by actual experiment to possess a decided and uniform solvent power, greater, weight by weight, than pepsin as usually prescribed. It is a combination of pepsin, sugar of milk, pancreatine, ptyalin, and lactic and hydrochloric acids. We have administered lactopeptine in a number of cases where pepsin was indicated, and have been fully satisfied with the result.—*N. Y. Medical Journal.*

HYDRATE OF CHLORAL.—Dr. H. H. Kane, of New York City, specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose.
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?
3. In what diseases have you used it (by the mouth, rectum, or hypodermically), and with what results?
4. Have you known it to affect the sight?
5. Have you ever seen cutaneous eruptions produced by it?
6. Have you known it to affect the sexual organs? If so, how?

7. Do you know of any instance where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature*; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If an autopsy was held, please state the condition there found.

8. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?

9. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient; with reference to the state of the body and mind in general, and the various organs and systems in particular.

Physicians are earnestly requested to answer the above questions fully, especially 7 and 9, in order that the resulting statistics may be as valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 191 West 10th st., New York City.

Home News.

"M. HAMMOND," or, as he is known everywhere in America outside of Chicago, Surgeon-General Wm. A. Hammond, of the U. S. Army (Retired), has promised a practical article for our June number.

THE State societies of Missouri and Illinois will both meet on May 18th; our own association at Carthage, Jasper county, the Illinois Solons, at Belleville, St. Clair county. Carthage is a long way off, in the southwestern corner of Missouri, while Belleville is almost at our doors, hence the propriety of mentioning the Illinois meeting in this place. We herewith tender our sympathetic condolence to our own specialists. Carthage is so far away that there is a chance of the association, for once, falling

into the hands of its rightful owners—the physicians of the State. It has been so long merely a "side-show" of the St. Louis medical societies and advertising rings, that we have the most lively curiosity as to its action when these parties are gone "conquering and to conquer" to Belleville! It will be something worth noticing, we have no doubt. The local societies have shown that the profession in this State is in no degree behind that of sister commonwealths, Let us have a little of the native-born energy it possesses infused into the State association, now that there is a chance to revivify that body.

HIGHER FEES.—Some people affect to believe that raising college fees to a uniform standard of from \$75 to \$100 will secure a better class of students and, consequently, of graduates. There is no truth in this theory; it being a well-known fact that the free schools of our city, including the High school, graduate a better class of students than any private corporation which exacts fees of any kind. It is useless to expect any progress unless higher demands are made as to preliminary training and length of term of study. Money never yet purchased capacity for any one—as some of the alleged professors in our city are (not exactly brilliant) examples!

THE City Dispensary must be managed as it should be. We were assured that certain abuses therein would be uncovered to the public view through our Correspondence department, but we fear there was some mistake, for the accuser has not put pen to paper, as yet, for the benefit of our readers. The CLINICAL RECORD will keep its best pair of spectacles directed towards the City Hall and its inhabitants. Our watchful care over the institutions there located has a wonderfully good effect in keeping them all in order!

THE South-Eastern Medical Association held its semi-annual meeting at Commerce, Mo., on the 4th inst. It was well attended and of unusual interest. We shall give an abstract of the proceedings in our next.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, JUNE, 1880.

NO. 8.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878-79, and 1879-80.

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LECTURE VIII.

If a transverse section were made of the embryo while in the triblastoderm stage, at any portion of the length of the future axis, we should find that the different structures were situated in a nearly horizontal plane. That is, the epiblast lies in a horizontal plane over the mesoblast, and the latter in a similar plane over the hypoblast, and the germ is therefore flat. This holds good even for that period when the first organs and organ traces are developing, but with their later differentiation, their differing rates of growth cause such changes in the embryonic contour that this relation becomes profoundly altered.

In the first place, as we have already learned (Lectures VI and VII) that the central nervous system in the shape of the medullary tube far outstrips the other divisions of the embryo, and, as it rises in the middle line, the transverse section of the embryo no longer exhibits the germ layer derivatives in a flat, but in a more or less

convex plane. Aside from the cutaneous epiblast which covers all the parts on their dorsal and external aspects, the organ occupying the vertex of the convexity is the medullary tube; on each side of it, but in a somewhat lower level, we find the protovertebræ, and still lower, dropping laterally from the protovertebræ and downwards, as it were, we have the lateral laminae (Sero-visceral and sero-parietal laminae, Lecture VI). Immediately underneath the medullary tube we have the chorda dorsalis, and underlying successively the chorda and the sero-visceral lamina, we find the membrane-like hypoblast, which is, at this stage, undergoing its closure to form the visceral canal.

If the first determining factor in this arrangement of the embryonic traces was the preponderating growth of the nervous axis, the subsequent finer modifications are intimately associated with the development and extension of the *mesoblast* and its derivatives.

We have already noted that the protovertebræ are hollow cubical masses lying *seriatim* from before to behind on each side of the medullary tube. In the head these protovertebral pairs are four in number originally, but their demarcation becoming lost very early, there results from their confluence a single attenuated *protovertebral head-mass*. While in the spinal region the protovertebral segments, although on a lower plane, lie by the *side* of the medullary tube, in the head region, owing to the immense overgrowth of the brain, they are forced *under* the latter.

If an embryo be examined at these stages, there will be found running from the posterior region of the head, for the balance of the length of the embryo even to the tip of the tail, a groove, which is the expression of the absence at this locality of the mesoblast. Precisely at this point, as explained in the sixth lecture, the protovertebral separated from the lateral detachments of the mesoblast, and the cutaneous epiblast following the inflection of the separating gap sinks inwards. Thus the transverse section of the embryo ceases to be a simple convexity and exhibits a subdivision of the general contour into three sharper convexities: a middle one, occupied by the medullary tube and the protovertebræ on each side of it, and two lateral convexities occupied by the sero-parietal lamellæ of each side.

Now, once again looking at the embryo, we perceive that not only the protovertebral masses show a serial segmentation, but that also the lateral regions exhibit this feature. The embryo, exclusive of its head portion, consequently, appears made up of a succession of rings or segments like a worm, and this temporary condition of the human embryo is one of those important features in development which points to the fundamental homology existing between all animals built on the segmental plan, whether this plan manifests itself in as pronounced a degree as in the *arthropoda* or whether it becomes more or less obliterated in the adult as it is in all *vertebrates* except *amphioxus*.

To the superficial observer it might appear as if the protovertebræ were destined to be the forerunners of the true *vertebræ*, the lateral segments the forerunners of *ribs* and rib-like structures, in fact the eldest embryologists entertained the former of these views, whence the name, destined to cling to our nomenclature: *proto-vertebræ*.

In order to determine the actual rôle played by these different parts we must proceed to a more thorough examination of

the growth and destinies of the protovertebræ than is possible on a surface examination.

The protovertebræ, originally hollow, show a proliferation of cells in their interior, so that the cavity of each protovertebra is obliterated and each of these bodies becomes a solid cell mass. A tendency is now manifested for outgrowth into the different crevices and gaps intervening between the other embryonic structures, from the dorsal medial angle they send out processes to insinuate themselves between the cutaneous epiblast and the medullary tube, so as to join symmetrical processes derived from the opposite protovertebræ. Then from their ventral medial angle they send out cell masses which enter into the most manifold relations with the *aortæ*, the *chorda*, the peripheral nerves, the genital folds and other structures yet to be described. Finally, from their ventral lateral angle crops out a distinct process which grows into the gap between the cutaneous epiblast of the somatic flank and the sero-parietal lamina.

All of these processes have the most important destinies. The part which develops under the cutaneous epiblast covering the spinal cord, forms the subcutaneous tissues and muscles of the dorsal region. The part growing around the *chorda* forms the vertebral bodies, that surrounding the *aortæ* the vascular tunics, that growing between the approximating serovisceral laminæ and the enteric hypoblast tube, the connective tissues, glands and vessels of the mesentery and the muscular submucous and subserous tissues of the gut. Its cell masses developing in connection with nerve fibrils give rise to the sympathetic ganglia. And, finally, the lateral masses growing into the bodily flanks, constitute the connective substances and the muscles of these regions.

The lateral segmentation of the embryo is, therefore, not as it has been regarded, due to a segmental division of the sero-

parietal* lamina, but to a secondary encroachment on the region where the seroparietal lamina was originally the sole representative of the mesoblast, by the peripheral detachment of the protovertebræ.

The universal part played by the protovertebral derivatives in the building up of the organs and tissues, renders them therefore of the highest importance to the embryological student.

From the preceding it is seen that, after all, the vertebral column is derived from the protovertebræ, still it would be erroneous to look on the latter as the forerunners of the true vertebræ. Aside from the fact that numerous other organs and tissues are built up from them, it should be borne in mind that the number of the protovertebræ in a given region of the trunk and tail *never* corresponds to the number of the true vertebræ developed in that region. The *morphological* forerunner of the vertebral column is the *chorda*, the *histological* material, however, is furnished by the protovertebræ.

The great demand thrown on the latter for nutritive material for the various derived organs is met by that definitive blood supply which now has become established and whose anatomical arrangement will be studied in the next lecture.

Once more surveying our embryo as a whole, and adding the contour details which we observed in the last lecture, we are able to summarize the following important features of its architecture:

1. The embryo is curved from before to behind along its axis.

2. The curve is not a regular curve.

It is almost *nil* in the dorsal, it is very marked at the sacro-caudal (tail bend), and still more so in the nuchal region.

3. The embryo is also curved from side to side, that is, the dorsum is highly convex.

4. This convexity is not a regular con-

vexity, being interrupted by the groove running between the "central" and peripheral parts of the protovertebræ.

5. The central as well as the peripheral parts of the protovertebræ exhibit segmentation, into rings, as it were.

6. The head end and tail end having both overgrown the original area of the germ, and overtopping the shrinking and disappearing yolk vesicle, protrude freely into the amniotic space, which has been meanwhile formed.

7. Owing to a primitive connexion between the cutaneous and nervous epiblast, a deep depression has been formed on the ventral aspect of the head, known as the *oral fossa*.

8. The head is very voluminous, owing to the great size of the brain, immediately over the oral fossette we have two boss-like projections of the head contour, due to the developing cerebral hemispheres, and the highest point of the cerebral convexity is the mesencephalon.

9. Below and somewhat to the side of the hemispheric junction with the thalamencephalon are the eyes, which begin to show the crystalline lenses.

10. In front of the mouth, and corresponding to the apex of each cerebral hemisphere we have the olfactory fossettes.

11. In the level of the hindbrain we find the clear and transparent labyrinthine vesicle.

12. The tubular gut ends blindly in front and behind, being separated from the oral cavity in front and from the perineum behind.

Now, while the lateral segments of the trunk and tail have been formed, the protovertebral head mass has sent out homologous lateral processes, which are distinctly segmental. The first grows over into the frontal region to constitute the frontal process, the next grow to the oral fossa, ultimately surrounding it, and, with the succeeding ones, some of which are derived from the nuchal protovertebræ are known as the *visceral arches*.

* The German term, *Hautmuskelpatte*, ought, therefore, to be dropped from the nomenclature.

These important structures, also known as the branchial arches, owing to their resemblance, and, in fact, homology with the arches separating the gill slits of sharks and other elasmobranchous and marsipobranchous fishes, derive their present accepted title from their relations to the visceral tube. While throughout its main length the visceral tube is of nearly uniform calibre, it exhibits in the posterior cephalic region of the embryo, four sacculations on each side, the so-called visceral or pharyngeal pouches. Each of these *pouches* insinuates itself between each of two visceral arches, and as there is an outer epiblast depression between the latter and the visceral (hypoblast) pouches and epiblast depressions meet and open into each other, we have slits produced, separating the visceral arches which merit the title of visceral or pharyngeal slits.

I may here briefly indicate the morphological fate of the new structures just introduced, reserving their detailed study for a future lecture.

As there are four visceral slits, and each of these lies between two visceral arches, there must be five of the latter on each side. Each of these receives a branch of the primitive aorta, exactly as do the corresponding and homologous branchial arches of the fish tribes mentioned, as well as the perennibranchiate urodelous amphibia.

Their presence, therefore, in the first place, exercises an important influence on the development of the aorta and its branches in man.

The fourth and fifth visceral arches soon lose their distinctness and are lost in the laryngeal cartilages and the other tissues of the neck, only the first, second and third develop special and segmental structures.

The first grows forward to the lower contour of the oral fossa, that is, toward the chin region, and forms the lower jaw and its tissues. Before reaching the chin region, however, this arch, which, as a whole, may be called the maxillary arch, had sub-

divided into two branches; it is the lowermost branch or the inframaxillary process alone that forms the lower jaw, the other branch, or the supramaxillary ramus, forms the bones and connective substances of the upper jaw, after itself undergoing certain subdivisions.

The second visceral arch forms the stapes, the stapedius muscle, the styloid process and the styloid cornua of the os hyoides, it does not unite with its fellow of the opposite side.

The third visceral arch does join its fellow, forming at the junction the body of the os hyoides, and elsewhere, its greater or thyroid cornua.

The first visceral slit, situated between the first and second visceral arches, is the only one which remains in the adult, forming the *tympanum* and *Eustachian tube*. The other slits are obliterated normally, their persistence constitutes the deformity known as congenital cysts of the cervical region.*

Thus far there has been no indication of the presence of extremities; now these also form. At the points where the head and tail were respectively deflected from the trunk the peripheral protovertebral masses are bulged out, as it were, and thus we have two anterior and two posterior ill-marked eminences composed of mesoblast elements covered by the cutaneous epiblast. These are the anterior and posterior extremities. The posterior pair is the earliest to be discovered in its origin, but it is so rapidly outstripped in growth and development by the anterior extremities, that the belief has become current that the anterior are the first to appear, which is incorrect.

At the time when the hand has become demarcated from the forearm by the wrist constriction, the forearm has not yet become separated from the arm. And in like manner the foot is individualized before

* Well described in the St. Louis CLINICAL RECORD, Dec. 1879, pp. 268-270. The morphology is somewhat antiquated in M. Cusset's thesis.

the leg and thigh are demarcated. The fingers are developed before the toes, and in both the hand and foot the digital segmentation is preceded by a stage in which there is a fold formed separating a main mass from the aggregate digital mass, and which persists in the adult.

If a surface section be made of an embryonic hand or foot before the digits are formed, we will find that the cell-strands which constitute the basis for each metacarpophalangeal ray are not five, as in the adult and developed foetus, but are from seven to nine (at different periods) in number. This remarkable fact, discovered by my teacher, Prof. Shenk, of Vienna, points, in a manner, to the descent of the pentadactylous animals, to which man belongs, from the evaliosaurians or analogous groups of the jurassic and triassic periods of the earth's history whose fossilized remnants clearly show that they had seven or more fin rays.

To many, another and related fact will prove still more convincing in an evolutionary point of view, although Shenk's observation is of more fundamental importance than the following to zoötomists:

Hensen, of Kiel, discovered that, in a human embryo of the seventh week, *the fingers and toes are provided with claw-like appendages like the claws of carnivora*, and that these structures are exfoliated to make way for the true nails. Further, he found plantar and palmar eminences like the *foot-pads of the dog, cat and marsupial carnivores*.

Thus, the further we trace out the development of man, at every step and in almost every organ, the more we find reminders of a past less perfect stage through which the ancestry of the human being must have passed before reaching its present higher condition.* Most suggestive and most

complete in its record of man's phyllogenetic history are the visceral and vascular systems whose first development will occupy our attention in the next lecture.

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Original Communications.

ERGOTINE HYPODERMICALLY.

BY ROBERT M. KING, M. D.

I desire, in as brief a manner as possible, to bring to the notice of the medical profession, the action of ergotine hypodermically in dysentery. I recognize the fact that a mania for the various ergot preparations has seized upon the medical mind, and that for a decade or more, patients suffering from every known disease have been the subjects of more or less *ergotism*. That ergot is a valuable remedy and justly entitled to the confidence and esteem of the profession, admits of no question, but like many other good things, it has been sadly abused and misapplied. It is only recently that it has been brought prominently before the profession, especially for hypodermatic administration, and it is of this remedy as applicable in certain stages of the above disease that I desire to write. I do not intend to claim for it "specificity" or to bolster up its merits as a *sine qua non* in all cases of dysentery, or to say positively that its employment in this particular case is sufficient reason for its use in every other case of a similar kind. I do not think this can be said of any remedy or remedies,

spiral (completing one turn) though the chorda is present in this tail, vertebral elements are not formed. Most remarkable is, that the right anterior extremity in this embryo is twice as voluminous, and long, and better differentiated than the left, although, in a later embryo of six weeks no difference is discernable. Perhaps the early discrepancy is related to the pronounced dextral character of the human arm innervations, and the correlated development of the left cerebral hemisphere. How all these are in their turn related to certain visceral asymmetries, and these in their turn to the spiral deviation of the embryonic axis, will be discussed in the ninth lecture.

* As I shall not return to this subject before the end of this series, it may be well to state that, from a very early period the human embryo presents certain superior marks. Thus, in the tail, which, in Dr. Ferdinand's embryo, I find to be

nor especially to claim universality for any remedial agent in any particular phase or class of diseases. Undoubtedly we have specifics, but their positive or remote effects are very much modified by idiosyncrasies, diatheses, and temperaments. The discriminating practitioner will learn, after years of mature reflection and large experience, when and how to administer remedies, even in the same or dissimilar affections, and to predict with almost absolute certainty the results, as well as indicate the class of remedies, that the different phases and stages of the same disease severally demand. As an illustration, some months ago I wrote an article which was published in the *Medical Brief*, setting forth the value of this remedy as a hæmostatic in a well established hemorrhagic diathesis, after the various astringents, together with opiates, had been successively tried, as well as the administration *ad libitum* of Squibb's fluid extract of ergot, all to no effect, when ergotine in three-grain doses hypodermically used instantly checked the bleeding. As long as the ergotine was being used the hemorrhage was under control, and when the agent was suspended the bleeding would start up until the system was again under its influence. Finally, the ergotine was resorted to daily for the period of seven or eight days, when all hemorrhage ceased, the patient rapidly recovered and is now well, and has been in uninterrupted health for a period of six or eight months. This patient had been subject to frequent and severe bleedings almost to death's door. His father before him, also grand parents, as well as brothers and sisters, of whom several died from the effects of severe and repeated bleedings from trivial causes.

Query—Why was ergotine so peculiarly adapted to this case, and that too when a concentrated fluid extract of the same drug so signally failed? The *modus operandi* and rationale I do not offer to explain, but nevertheless believe that if we are careful observers, thoroughly acquainted with the

physiological and therapeutical action of remedies, and learn to make an intelligent application of them to individual diseases in their various phases, we will greatly prolong and save life and thereby simplify the administration of remedial agents. It is not well in passing upon the merits of a remedy to jump too speedily at conclusions founded upon the testimony of some distinguished and learned brother in whose ability and acquirements we have confidence. This tame following of authority will inevitably produce distrust and scepticism respecting the administration of remedies that would not have arisen had our own personal investigations, experience, discrimination and observation been carefully employed as guides in our use of them. My mind was forcibly drawn to these reflections after repeated failures in apparently similar cases and types of diseases, with the use of the same remedies, which a little later on yielded promptly to the same class of agents, only in a different form and at a different stage of the disease.

The only rational method, therefore, as well as satisfactory way to determine the action of any remedy is first to understand its physiological and therapeutical action and then adapt its use by its known action to certain pathological conditions or phases of said conditions. Reasoning *a posteriori*, I came to the conclusion that ergotine, from its known action upon the vaso motor nervous system, "increasing the action of this system and causing contractions of its arterioles," would be applicable in a case of dysentery when there was evident dilatation of the blood vessels and low blood pressure as told by the condition of the pulse. I do not claim originality for this thought, for Bartholow, in his admirable work on *materia medica*, refers to its use in chronic dysentery and diarrhoea, and says that the preparations of ergot diffuse rapidly into the circulation, and that very characteristic effects are produced there causing the action of the heart to become slower and an enor-

mous rise in the blood pressure. Hence its employment in heart troubles (dilated cavities) "without valvular lesions" and in aneurism. Dr. B.'s opinion of the physiological action of this drug has been thoroughly sustained and verified in this case. A large class of physicians seem to prefer routinism, relying too much upon others to do their thinking, and hence, this class is incapable of discriminatingly using remedies even if they have a knowledge of their several properties.

It behooves us as practitioners to study well each remedy in our armamentarium as well as individual diseases, and be ready to withhold as well as say when and how a remedy should be given in certain conditions or certain given cases:

I was called to see —, age forty-five years, female, who, two or three weeks prior had been seized with acute dysentery, frequent dejections of bloody mucus with great tormina and tenesmus. When I was first called, two or three weeks subsequent to the attack, the bloody character of the stools had largely disappeared, but mucus, shreds of membrane and some purulent matter, with frequent and scanty evacuations still remained. The pain was paroxysmal, from fifteen to twenty minutes prior to stool and for some length of time afterwards. The skin, although not dry or hot, with temperature varying from $99\frac{1}{2}$ to $101\frac{1}{2}$ ° F., was not performing its functions properly; a fiery red tongue and numerous ulcers upon its surface and in the buccal cavity, with tenderness over entire abdomen, especially over left iliac region. Great nervous depression, picking at bed clothes and imaginary objects when partially asleep, anorexia, and intense burning pain in stomach, especially if any character of food or medicine was taken. An excessive accumulation of tenacious thick sputa, attended with nausea and a choking sensation at times. The family history showed an alarming fatality when any member of the family was taken sick, and a peculiar idiosyncratic antagonism to the use of opiates in the ancestry as well as patient. Regardless of this fact, opium in recognized doses had been regularly administered per enema every three hours, always followed by extreme restlessness, fear and wakefulness, as

had been looked for by the husband and nurse. The usual remedies, including mercurials, tannin and bismuth, together with enemas of acetate of lead, nitrate of silver and carbolic acid had been given, and quinine, chloral and bromide of potassium freely used.

Believing that morphine given subcutaneously frequently acts well when it is otherwise contraindicated, or when it is not well borne by stomach, I at once administered one-eighth of a grain in connection with ergotone three grains, and it was followed almost immediately by relief and a quiet sleep of three or four hours' duration. Milk with lime water was ordered every two hours, and a mild gargle of carbolic acid and glycerine in distilled water every three or four hours. On my return in the afternoon of same day, seven hours afterwards, I again administered the ergotone minus the morphine, just at the approach of a paroxysm of suffering, with marked relief of pain and a further postponement of stool for three or four hours. I left with instruction that if, during the night, there should be a recurrence of pain and tenesmus, to resort to starch enema to which twenty or thirty drops McMunn's elixir was to be added. At one o'clock at night, seven hours after the last injection of ergotone, it became necessary to use the opiate. On the following morning I gave ergotone in same way followed by the same results, when an interval of ten or twelve hours elapsed before opium per rectum was again required. On the next day ergotone was again used, and the last time it was given hypodermically, when an interval of thirty-six hours elapsed before an opiate became necessary. The opiate used checked peristaltic action for the time, calming pain, but in no instance did it produce quiet and refreshing sleep, but it was always followed by great nervousness and wakefulness.

It will not do to say that the dose was not ample, for it had been administered previous to my visits every three hours regularly with the same sequelæ of symptoms, besides morphine in one-eighth grain doses, in connection with ergotone, did quiet the patient and produced a refreshing and calm sleep of two or three hours after its first and each subsequent trial. Here followed a lapse of forty-eight hours before opium, even in a diminished dose, was again used. After this I yielded to the entreaties of the patient, who begged that

the hypodermatic medication might be suspended, as she felt better, and its introduction at point of puncture gave a peculiar unpleasant burning sensation which lasted for several minutes. However, no abscess followed, as a free application of cold water to the parts punctured seemed to dissipate the swelling and relieve the tenderness, a result always attainable if fresh impropu solutions, moderately warm, are injected. A day or so after the following was ordered:

R Ergotinæ ℥i;
Ext. nucis vomicæ..... gr. v;
Ext. opii aqueosæ..... gr. x;
M. et ft. pilulæ No. XX.

Sig.—One pill every six hours.

One pill in the twenty-four hours was all that was necessary, as her condition rapidly improved every day. As a tonic and slightly astringent, I ordered sol. ferri pernitrat, in five-drop doses, three times a day. This constituted the entire treatment except twenty grains quinine, administered on the third day of my treatment, which was given to meet an exacerbation of fever on the evening of the day previous. An occasional dose of quinine had been added to enemas merely as a gentle stimulant. The patient rapidly recovered, the redness of tongue and ulcers disappeared, the epithelium upon same returning, and in the second week from my first visit she and her friends left for home, which they reached in safety, and I hear from her friends since that she is doing well.

But for the objections of the patient I should have continued the ergotine injections, and could I have been with her at all times, I believe its administration would have obviated the necessity for the opiate. At least, say what we may, conjecture and doubt as much as we please, the ergotine in this particular case seemed well adapted, and, although we are ready to admit that its interrupted employment, and in conjunction with other remedies, is not sufficient proof to establish its real merit beyond a peradventure, still we can safely rely upon it in kindred affections with low blood pressure and dilatation of bloodvessels. I would not urge its employment in the acute stage with the opposite conditions of high blood pressure prevailing any sooner than I would give digitalis when we desire to lower the

heart's action or decrease the pressure within the arteries. It is from incorrect notions of the action of drugs that disastrous results follow their employment, and it is from the same cause that a potent and valuable agent receives a bad name, when really the ignorance of the administrator is at fault. An intelligent and rational employment of a remedy will go far towards establishing upon a solid basis its real therapeutic value. In this case this much I have learned, that it is certainly better and more satisfactory to rely, when possible, upon one remedy at a time in order that its full potency and effect may be accurately measured. The great drawback in the practice of the healing art is "guess work" and the "shot gun" method of throwing remedies indiscriminately without aim or purpose into the organism. I believe that many valuable lives have been sacrificed by such reckless procedure, and that the healing art will continue a by-word and reproach unless physicians awaken to a sense of their obligations and responsibilities by exercising a sound rationality. How are we to establish beyond question the value of any agent if it is always given in connection with some other? I hope the day has dawned when physicians possessing moral and intellectual courage, will assert their manhood and their convictions by throwing off the shackles that have bound them to the traditional and empirical methods of administering remedies in days gone by. "Let us prove all things and hold fast to that which is good," and by reason and experience establish the merit and value of all remedies upon a physiological and rational basis. In this way the art and science of medicine, *pari passu*, will be built up, our noble calling elevated above the jibes, jeers and reproaches of the ignorant, humanity materially benefitted thereby and physicians crowned as the true benefactors of the age. May the day speedily appear.

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EUCALYPTOL.

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In an article contributed to the May number of the RECORD by Professor Bauer, I was glad to learn that he had determined to make a series of experiments regarding the therapeutic value of the essential oil of *Eucalyptus Globulus*, for, with his large experience in his earnest efforts to advance the cause of medical science, I am sure that the therapy of eucalyptol will be more thoroughly understood by American physicians than it has ever been heretofore.

Dr. Bauer's rebuke to writers on the subject of therapeutics, when he says, "I have not found, in the literature of the day, any but passing reference to it," (eucalyptol) is certainly well deserved, for we look in vain for a satisfactory notice of it, in our standard works on materia medica or therapeutics, with the exception of that contained in the last work on the subject by Millé and Maisch. I had seen the tree in full bloom, in open air, had brought specimens of its leaves and extracts, both fluid and essential, from sunny Italy, but, apart from the practical ideas of its medicinal properties, gained during my stay in Europe, my information on the subject has been very meagre, and here, *en passant*, I would take occasion to say, that our leading practitioners are very much at fault in not ventilating more freely their ideas and practical experiences in their respective branches of the profession. For by such interchange of thought and comparison of work, in every field of medical labor, we would have an enrichment of the literature of medicine in America that would claim for it recognition in every part of the world. Our medical journals are clamoring for such utilitarian material, and its want is felt by the profession at large, as shown at every society meeting, in county and State,

where the greater part of the "transactions" could be marked as I have marked the word with quotations.

I am not a *savant thérapeutique*, therefore I do not feel the sting of this reminder, yet, as one having the interests of the advancement of medical science at heart, I am only too glad to contribute my mite to the general fund in the way of such practical experience as I have gained, hoping it may be the means of bringing other pens to the work, when I know I will be the gainer.

The discovery of *eucalyptus globulus* was made by Labillardière, in 1792. In 1856 it was brought to Europe from Australia, and now flourishes in the southern parts of Spain, France and Italy. It grows rapidly and often attains a height ranging from two to three hundred feet. My first acquaintance with it was during my stay in the Imperial City, when, accompanied by Dr. Egan, Vice Rector of the Irish College, the President of which I claimed as a relative, I visited the community of Trappists, at Tre Fontani, so called from a tradition relative to the death of the Apostle Paul. Arriving at the gate, we were quickly admitted, for Monsignore Kirby was not only President of Il Collegio Irlandese, but also domestic prelate of Leo XIII, and his request was, for us, an "open sesame" on the occasion.

My afternoon's stay with the community was chiefly occupied in studying the history and peculiarities of growth, as well as medicinal properties, of the famed "fever tree," as I had heard it named. The monks informed me that, some years before my visit, they had selected this sacred spot as an abiding place, notwithstanding the danger of almost certain death from the dreaded "*mal aria della campagna*." Immediately on their settling here, the fever made sad inroads in the ranks of the little band, and Heaven alone had preserved the few survivors.

At this time it was suggested to plant the eucalyptus tree in Europe, and the

colony at Tre Fontani, learning of its anti-febrile properties, eagerly began its cultivation by planting some twenty acres, and soon the graceful, glistening leaves and *operculum*-crowned *calyx* tubes, rewarded their efforts and, as if by magic, the scourge of the Campagna took its flight from their home, while on every side of the place the desert-like waste was pregnant with the dread fever poison.

The trees are now quite large, and from the leaves are made, by the monks, infusions, tinctures and fluid extracts, while a volatile oil, an oxygenated compound, to which is given the name eucalyptol, is distilled from the leaves, and is regarded as the most valuable of all the products of the tree.

The Italian government, though at that time inimical to all religious communities, still took an interest in the cultivation of the eucalyptus on the Campagna, and appointed a commission to investigate the matter, with the result that the tree, *in situ*, was anti-malarial, but their report, as I was informed, was not so flattering regarding the product. Cloëz gives the chemical composition of the oil as $C_{24} H_{20} O_2$, while Faust and Homeyer give the formula as $C_{10} H_{16} O$.

In doses of four to six drops the oil excites increased action of the salivary glands and disagreeable eructations of gas, while in somewhat larger doses it is more easily borne. In full doses it usually produces vascular excitement and a degree of fulness of the head, or feeling of lightness, and an irresistible desire to keep moving, together with a remarkable suppleness of back and limbs. Applied locally, it causes considerable burning pain. As to its claims as a surgical adjunct, I will rely upon the experiments to be made by Professor Bauer, for I know his researches in the matter will be thorough if not exhaustive.

The sample of oil brought by me I tested as a local remedy, in the form of inhalation, for incipient and protracted catarrhal

troubles, on myself and others, with the happiest results, and I believe that all the virtue of the eucalyptus tree lies in the oil, for in no other way can we account for the fact that the tree itself is a remedy for malaria, while its products are, with the exception of the balsamic derivative, nearly powerless in that direction.

St. Louis, 614 Olive street.

Clinical Reports.

A CASE OF ECLAMPSIA DURING PREGNANCY.

Read Before the Rolla District Medical Society, May 27, 1880.

BY JESSE E. THOMPSON, M. D.

The patient was a lady, aged sixteen, pregnant with her first child. Last menstruated July 20, 1879. Allowing that she became pregnant about the 28th or 31st days of July, and adding two hundred and eighty days, would have made her at full term about the 5th of the present month (May 1880).

Called to see her April 21st, 8:30 P. M. She had been quite healthy during the whole period; had been a very hearty eater of solid food, and bowels had been habitually constipated. For the last month the cellular tissue of her feet and legs to the knees had been infiltrated with serum; veins varicose; she passed but little urine; troubled with what she called "cramps in the stomach," which were evidently spasms of the abdominal muscles with violent motions of the child. For three days prior to convulsive seizure she had violent pain in forehead mostly confined to the region over left eye, which grew more severe till eclampsia seized her, which occurred about 1 P. M. on the 21st of April, and recurred about every fifty minutes, each fit lasting from five to ten minutes. On my arrival she had passed out of a fit at 8:10. She

was unconscious, face flushed, corotids beating rapidly and jugulars distended. Pupils dilated; intolerance of light; pulse 110, full and bounding, but irregular and labored. A few minutes before 9 o'clock she had a very severe fit lasting twelve minutes.

No signs of labor; child so high up that I could not reach it to learn the presentation. In forty minutes afterward another convulsion more severe than any of the preceeding came on. I at once attempted to bleed from the median basilic, but could not open the vein until I made a deep incision one inch in length along the course of the vein down to it and then an opening nearly half an inch in length, the blood flowing in a large stream. I took what I supposed to be twenty ounces. She rested unconscious, however, for over an hour, when another fit severer than before came on. I opened the vein again and took at least thirty-two ounces more blood. During this bleeding her face lost most of its lividity, her pulse became slower and more regular. After the second bleeding, some fifteen minutes, severe labor pains began. During the second one eclampsia ensued. I opened the vein and took about thirty ounces more blood. Her face now grew pale. During the interval she had two labor pains, during the second the eclampsia recurred, when I ruptured the membranes and applied the forceps, delivered the child and placenta before the fit passed off. For two hours she remained tranquil, sleeping soundly, but could not be aroused. At the expiration of this time another fit came on lasting only four minutes. The face did not become livid as before, nor were the muscular contractions so great.

I now gave her forty-grain doses of bromide of ammonium three times daily. She had no more attacks. The seizure was sudden and epileptiform in character, beginning in the muscles of the left eye and same side of mouth, then in the right eye and right side of mouth drawing them

toward the left side, then the muscles of the thorax, arms, abdomen and thighs all were violently convulsed. The tongue, when it protruded, was severely bitten, when bloody froth flowed freely from the mouth. The stupor did not pass off for about eight hours after last fit; her mind remained confused at the end of a week. Her friends began to fear she would lose her reason entirely, but at the end of the second week she had entirely recovered her mental faculties.

The presentation was right occipito-cotyloid. When I applied the forceps the head was fixed in the center of the excavation. The child was dead. The placenta was of normal size. The maternal portion was filled with clotted blood as black as ink, while the foetal portion and cord were full of the same, but a little lighter in color and fluid. The uterus contracted well. The child was alive when the eclampsia came on; it was delivered about 12:30, eleven and a half hours after the seizure. The last convulsion occurred two hours after delivery and was a very light one.

Regarding the treatment of puerperal eclampsia there is quite a diversity of opinion in the profession. In this case I acted upon the theory that the eclampsia was produced by overloaded blood vessels and pressure of the child. The latter preventing the return of the venous blood. To relieve the first I bled her freely; to relieve the latter I delivered the child as soon as I could reach it with forceps. As after treatment, I enjoined the recumbent posture for fifteen days and gave her two-scruple doses of bromide of ammonium. Had I been able to have done so, I should have given her the benzoate of soda or the benzoate of ammonium in connection with the bromide.

I am not able to say whether the bleeding benefited my patient in any other way than by bringing on labor. I was powerless to deliver the child till after the necessary conditions to that end were brought about—by the bleeding—as I verily believe.

The physician in attendance had given her large doses of morphia, which, in my judgment, was contraindicated and even aggravated the attacks.

SALEM, Mo.

Translations.

(Translated for the Clinical Record.)

SPASMODIC TABES DORSALIS.

Professor Charcot recently concluded a review of organic spinal affections in which permanent contraction of the paralyzed members is a habitual symptom, with a lecture on transverse myelitis and spasmodic tabes dorsalis (*Le Progrès Médical*, May 1, 1880). His object in these lectures has been to show that in all diseases thus characterized there is a lesion, primary or secondary, of the pyramidal fasciculæ of the cord.

The phenomena presented by myelitis of one lateral half of the cord (similar to those produced by hemilateral section in animals) are first considered. This may be induced by compression, by wounding, by syphilis or spontaneously. It may be recovered from wholly or partially. If the latter, secondary degenerations ensue in the antero-lateral columns below the point involved—"descending lesions." But these lesions are not limited to the columns situated on the side of the primitive lesion, they cross over and involve those of the healthy side. Hence it is inferred that there is another decussation of fibres lower down in the cord. The paralysis is not entirely confined to the half of the body upon which the inflammation has occurred, although it is greatest here, but there is a decided paresis upon the opposite side.

After degeneration of these columns has progressed to a certain degree, rigidity of the lower extremities sets in, which persists. It is decidedly less when the patient is at rest in bed, but increases when he

risks and attempts to walk. At the same time that the limbs become rigid, they are subject to clonic spasms epileptoid in appearance.

The peculiar walk of such patients was described long ago by Ollivier (d'Angers), and by Séguin, of New York (1873) and Erb (1875): Séguin describing it as "tetanoid paraplegia," and Erb as "spastic spinal paralysis." This lecture differs from the one published in the second volume of Charcot's lectures on the same subject (1876), in that it gives this credit to the American writer; something that Erb failed to do in his article in Ziemssen's Cyclopædia.

Erb and Charcot claim to have been the first to describe the peculiar symptoms as belonging to a *primary* affection, an autonomous disease. This has been disputed by some. Prof. Charcot is very positive in his assertion of the fact:

"Nevertheless, gentlemen, there exist, and it is not rare to meet with them in practice, a certain number of cases in which the symptoms of spasmodic paralysis develop primarily, as in the foregoing case, showing themselves, in a manner, isolated from all other symptoms from the beginning to the end of the disease; without change in the sensibility, without derangement of the functions of the rectum, bladder, etc., without pseudo-neuralgic pains, and without concomitant head-symptoms. It is particularly characterized by slow evolution and a marked tendency to invade the upper extremities progressively."

Erb's term, "spasmodic spinal paralysis," is objected to as merely describing a certain collection of symptoms which may be found in other affections, and that author's positive statement of the pathological anatomy (a systematic and symmetrical sclerosis of the lateral columns) is considered to be very questionable, to say the least. In other words, although he thinks the existence of such a lesion very probable, yet the facts, thus far, do not support it—in some cases no lesion whatever being discoverable on *post-mortem* examination.

The differential diagnosis between the disease under consideration and disseminated cerebro-spinal sclerosis is then briefly given, after which follows a description of spasmodic tabes dorsalis:

"1. The clinical description may be given in a few words. The disease develops in subjects aged from thirty to fifty years, particularly in men, all appreciable exciting causes are absent. There is no derangement of sensation; the disease develops slowly and progressively, being revealed at first by simple heaviness of the legs, then by a true paresis accompanied by rigidity; finally, the walk takes on the spasmodic character and the patient is often obliged to keep his bed—sometimes only after many years. Of course, the tendinous reflexes are greatly exaggerated, while the cutaneous reflexes preserve their normal characters.

2. The disease as it shows itself in early life merits special mention (Erb, Seligmüller, Stromeyer). Rigidity often begins to develop shortly after birth, without being accompanied by any cerebral symptoms. The nurse perceives that the limbs are rigid and that it becomes more difficult on that account to dress the child, sometimes the trunk itself becomes stiffened. On reaching the age when it should walk, it is found that standing erect and walking are impossible; the child has to be three or four years old before it is able to rise with painful effort and hold itself up by the furniture. The manner in which children of this age, when supported under the arms, progress after a fashion, is very characteristic. The hips are slightly flexed, the knees are adducted, fixed closely together, so strongly that the feet interfere and cross each other. Lastly, the plantar flexion of both feet, which rest upon the toes, produces an inclination of the body forwards, which adds another obstacle to walking.

In addition, the tendon-reflexes are exalted; there is no muscular atrophy; the muscles preserve their normal excitability. There is, therefore, a well marked contrast in every respect between this disease and infantile spinal paralysis; thus you see that there is alongside of infantile spinal paralysis, an infantile spasmodic paralysis, very distinctly and clearly separable from the former.

The upper extremities are affected in their turn. The forearm becomes rigid,

semi-flexed, in pronation; the fingers doubled up in the palm of the hand. Never, I repeat, are cerebral symptoms present, and the vertebral column offers nothing abnormal. The pathogenesis of the disease is, consequently, extremely vague. Seligmüller invokes premature delivery (at seven or eight months) and consanguinity. But these are pretexts rather than reasons. In fine, autopsies reveal nothing. We cannot help thinking, however, that at the period when the disease first shows itself the lateral columns are in the full process of development, and that this condition, under certain influences, may not be unfavorable to the production of an inflammatory lesion.

3. In the adult a lesion of the same kind, equally limited to the system of lateral columns, accounts for the entire array of symptoms. Still, once more I say, up to the present moment the hypothesis has not been verified. Here is an interesting problem in pathological anatomy to be resolved, and I cannot too strongly urge you to give it all your attention if you should happen to find yourselves in the presence of a case of this kind.

4. I have just said that spasmodic tabes as yet has only a clinical existence and that if, in reality, as I believe, we are dealing with a true morbid species, it is still lacking entirely an anatomical substratum."

Prof. Charcot then discusses the assertion, made by many, that this affection is only an artificial existence and that the same clinical picture is presented by many morbid affections—myelitis of any form—accidental, syphilitic, etc. He states that he has examined the cases alleged to have presented these symptoms in which the autopsy disclosed all sorts of changes, and that he has found that there were always other distinctive symptoms, such as changes of sensibility, bladder and rectal derangements, etc., which suffice to distinguish these from true cases of spasmodic tabes. He says that these cases prove only that the spasmodic walk (insisted upon by Erb) is merely a symptom that is present in many affections, while in spasmodic tabes the walk is not all, it is only one of the symptomatic elements. These cases also serve

to demonstrate how difficult is the diagnosis and the necessity of close examination of cases. He gives one instance in which he was deceived, mistook a case of disseminated sclerosis for the disease in question. The autopsy disclosed the error. He concludes that if pathological anatomy has not yet established spasmodic tabes upon a firm foundation, on the other hand, criticism, thus far, has not seriously shaken his position, and thinks that a complete solution of the question will be reached at an early day.

SYPHILITIC AND VENEREAL AFFECTIONS IN THE PRINCIPAL FRENCH CITIES, (*Lyon Medical*, May 2, 1880).—Dr. Granier has investigated the sanitary statistics of the troops composing the garrisons of the larger French cities, and divides the time from 1865 to 1876 into quinquennial periods for the purpose of comparison. These diseases are divided into syphilis, soft chancre and gonorrhœa. An average of one in nine of the cases registered were those of syphilis.

He gives a table, quoted from Dr. Ely, of the number of cases of these affections per 1,000 men in the principal armies of Europe, which we give herewith:

Army of England.....	329
“ Holland.....	105
“ Belgium.....	100
“ Portugal.....	96
“ Austria.....	63
“ Prussia.....	54

These statistics were compiled before 1870, but the author thinks that there has probably been no such change in this regard as has taken place in France. Official statistics for the entire French army in the period from 1865-'69, showed a proportion of 106 such cases per 1,000 effective men, while in 1877, there were only 58 cases per 1,000 men. In Algiers the record shows 63 per 1,000. The following are the figures for the chief cities of France:

Marseilles.....	53	per 1,000 men;
Bordeaux.....	52	“ “ “
Besançon.....	35	“ “ “
Rouen.....	27	“ “ “

Rennes.....	26	per 1,000 men;
Toulouse.....	24	“ “ “
Nancy.....	23	“ “ “
Lille.....	22	“ “ “
Paris.....	21	“ “ “
Lyons.....	19	“ “ “

It will be seen that the sea-ports furnish the largest number of cases, while the two great cities of Paris and Lyons have the smallest number. He infers that this fact of the soldier contracting syphilis and gonorrhœa less frequently in the two largest cities is due to the sanitary police being more effectively carried out in those cities, and not to any special wisdom on the part of the soldiers there stationed or to any lack of opportunity for running the risk. He concludes that:

1. Since 1870, especially since the new method of recruiting the army has gone into effect, syphilitic and venereal affections have diminished nearly one half, and that

2. The city of Lyons is, of the great cities of France, the one where there is least of these affections.

The author has selected army statistics as being the most trustworthy, least liable to error, and as probably representing very well the condition of the entire population.

WINTERGREEN OIL AND ESSENCE, (*Jour. de Méd. et de Chir. pratiques*, May, 1880).

—Dr. Périer, at the Saint Antoine hospital, has been using oil of wintergreen (*Gaultheria procumbens*) as an antiseptic. It has a very agreeable odor and is not in the least irritating. It is composed principally of the salicylate methylene or methyl-salicylic ether. Unfortunately, it is very sparingly soluble in water, hence some artifice is necessary in order to make a solution of any effective strength. Dr. Périer uses the following:

R
 Essence of wintergreen, 6 grams — f 3iss;
 Tincture of Quillaya saponaria
 (Panama wood or Soap Bark)
 30 grams — f 3i;
 Water, 1 litre..... — 1½ pints.

This solution he uses freely as an injection.

tion into the bladder in chronic cystitis, with the best results; wounds may be bathed with it, and it may be used in all simple dressings.

Dr. Périer uses it with unguentum petroléi to give the petroleum product an agreeable odor and to render it still more antiseptic. It may be used along with carbolic acid in such a mixture or by itself. Sounds, speculums, etc., should be smeared with this antiseptic ointment before they are introduced, and the finger, also, before making a vaginal examination.

PICROTOXIN IN EPILEPSY, (*Ibid*).—Dr. Louis Conyba reports a case of epilepsy in an anæmic child cured by small doses (2 to 5 per day, half a milligram — nearly 1-130 of a grain each) continued for over two years, with intervals when she took no treatment.

[See Dr. Hammond's article in *CLINICAL RECORD* for Oct. 1876.—ED. RECORD.]

Proceedings of Societies.

SOUTH-EAST MISSOURI MEDICAL ASSOCIATION.

The fourth annual meeting of this Association convened at eight o'clock, P. M., on Tuesday, May 4th, at Commerce, Mo., President A. E. Simpson, M. D., in the chair. Prayer was offered by Rev. R. G. Parks, the minutes of the last meeting read and approved, after which Dr. A. J. Gupton, of Morley, delivered an address of welcome on behalf of the citizens of Scott county. Response to this was made by Dr. S. S. Harris, of Cape Girardeau, in a very happy manner.

Election of officers being in order, Dr. A. C. Mann placed in nomination, Dr. J. D. Porterfield, of Commerce, for President, who received the unanimous vote of the Association. Dr. E. R. Harris, of Pochontas, was placed in nomination for Vice-President by Dr. Gupton, and elected in

the same manner. Dr. G. W. Vinyard was elected Recording Secretary, Dr. J. W. Cannon Corresponding Secretary and Dr. J. L. Haw Treasurer.

Adjourned to next day, eight o'clock, A. M.

SECOND DAY, Wednesday, May 5.—The President in the chair; minutes of yesterday's meeting read and approved; several amendments to the by-laws were discussed and adopted, and reports of counsellors for the several counties called for.

Dr. S. E. Strong reported for St. Genevieve county and Dr. G. W. Vinyard for Perry county. Dr. M. Engel, of Scott county, reported a case which was debated, and Dr. A. H. Miller made his report for Bollinger county, which elicited a lively discussion on the differential diagnosis of the continued fevers.

Adjourned to one o'clock P. M.

AFTERNOON SESSION.—President in the chair. Dr. E. R. Harris made his report for Cape Girardeau county; Drs. A. W. Thompson and J. R. Coffman were elected members, and Dr. J. W. Rowe made his report for Mississippi county.

Dr. O. W. Cline reported a case of chronic ulcer of the leg with caries, which brought out a sharp discussion. An essay on Tumors was read by Dr. W. F. Grinstead, and two cases of puerperal convulsions were reported by Dr. C. C. Valle, both of which papers were followed by discussions.

An essay on New Remedies was read by Dr. J. L. Haw, after which the Association adjourned until evening.

EVENING SESSION.—The Association met pursuant to adjournment, the President in the chair.

Dr. J. H. Rider, of Cape Girardeau, read an able and interesting paper on Consulting Physicians.

Dr. B. N. Bond read, and illustrated by chemical experiments, a paper on Expert Testimony. Several gentlemen debated Dr. Bond's propositions.

Dr. S. S. Harris treated, in an able man-

ner, of the Needs of Country Students and Physicians; after which the Association adjourned until the next morning at eight o'clock A. M.

THIRD DAY, Thursday, May 6.—Association met pursuant to adjournment, the President in the chair.

Dr. P. R. Williams reported for Scott county. Dr. C. A. Peterson read an essay on Diseases of the Nervous System, which brought out considerable discussion. Dr. A. J. Gupton read a paper on Antiseptic Surgery; discussion followed. A case of necrosis of the entire humerus was reported by Dr. O. W. Cline, and a case of spinal disease was exhibited by Dr. J. D. Porterfield. A case of necrosis of the tibia was reported by Dr. E. R. Harris; a discussion on the use of ergot in obstetrics followed, after which the morning session adjourned.

AFTERNOON SESSION.—Association convened at one o'clock. Dr. S. E. Strong read a paper on Diseases of the Ear, when the Association went into executive session.

Drs. Cannon, Henderson and Grinstead were appointed delegates to the State Medical Association. Dr. G. M. B. Maughs, President of the State Association, and Dr. Thos. Rumbold, were elected honorary members of the Association.

Drs. Bondurant, Cannon, Haw, Peterson, S. S. Harris, Mann and Rider were elected delegates to the American Medical Association.

Sundry matters of financial interest were disposed of, and the usual resolutions of thanks to the good citizens of Commerce (including the boys and girls—who were approved) were passed.

Dr. J. D. Porterfield, President elect, was installed; Dr. Simpson, the retiring President, was duly thanked for his courteous performance of duty, to which he made a suitable reply.

Counselors were appointed for the several counties comprising the district, and repor-

ters upon a number of medical subjects, committees on arrangements, etc., were appointed, after which, on motion, the Association adjourned to meet at Perryville, Perry county, Mo., on the second Tuesday in November next, at eight o'clock P. M.

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SOUTH-WESTERN KENTUCKY MEDICAL ASSOCIATION.

The tenth annual meeting of this prosperous association convened in the court house at Paducah, Ky., at two o'clock, P. M., May 12, Dr. C. W. Miles, President, in the chair, Dr. F. T. Davis, Secretary. The session was opened with prayer by Rev. Dr. McDuff, of Grace church. Dr. J. W. Singleton delivered a brief address of welcome, which was conceived it fitting terms, after which the regular order of business was taken up.

Dr. James Hendly read an interesting report on Cervical Endometritis; after discussion, referred to Committee on Publication.

Dr. F. T. Davis reported a case in practice, also referred for publication. Dr. Hendly, by request, read a report on Puerperal Convulsions, which was discussed with much earnestness by several members. Dr. Futrell read a report on Tannic Acid; also referred.

An important paper on Syphilis as the Cause of Many Constitutional Diseases, was read by Dr. J. L. Dismukes, of Mayfield, and discussed at considerable length.

Election of officers for the ensuing year being then in order, took place with the following results: Dr. J. W. Singleton, President; Dr. J. R. Luten, Senior Vice-President; Dr. R. J. Howard, Junior Vice-President; Dr. F. T. Davis, Recording Secretary; Dr. S. H. Singleton, Corresponding Secretary. Dr. D. A. Maxwell was reelected as Treasurer.

The Association resolved unanimously to-

hold its next semi-annual meeting at Mayfield, Ky., on the third Tuesday in November next. Adjourned until eight P. M.

EVENING SESSION.—President Miles in the chair. Hon. Q. Q. Quigley delivered an eloquent address upon the Relations Between Law and Medicine, which was enthusiastically received and ordered to be printed in pamphlet form. The orator received a vote of thanks from the Association.

President elect, Dr. Singleton, was then conducted to the chair, upon taking which he briefly acknowledged the honor conferred upon him.

Retiring President, Dr. Miles, then read the annual address, which was a very creditable one. One of its principal points was a protest against that vain philosophy which sees in the sick man only the means of advancing science, not a fellow-creature to be aided. Too much theorizing and too little practical aid to the patient.

Adjourned until nine o'clock A. M., the next day.

SECOND DAY.—Several important papers were read by Drs. Coleman, Miles and Jordan, and referred for publication.

Drs. Brooks and Thompson concluded the discussion by giving a history of the late epidemic of scarlatina in Paducah.

The usual resolutions of thanks to the retiring president, the railroads and the citizens of Paducah were passed.

Delegates to the Kentucky State Medical Association and American Medical Association were elected as follows: Drs. J. W. Thompson, Thomas Rivers, C. W. Miles, J. G. Brooks, F. H. Enders, J. R. Luter, Geo. Beeler, O. A. Elliott, W. W. Gilbert, R. S. Coleman, D. A. Maxwell and J. L. Desmukes.

Committees were appointed to report on various medical, surgical and hygienic subjects at the next meeting at Mayfield, after which the Association adjourned. Altogether it was a most pleasant and profitable meeting.

THE ROLLA DISTRICT MEDICAL SOCIETY.

The annual meeting of this society was held at Salem, Mo., May 26 and 27, 1880. Society called to order by Dr. John Fetzer, of Rolla, President, at eleven o'clock, A. M., Circuit Court room.

On motion, a committee consisting of Drs. J. E. Thompson, W. M. Lenox, of Lake Spring, and O. P. Gray, of Salem, was appointed to wait on Prof. Louis Bauer, of St. Louis, and invite him to attend and take part in the discussions of the Society, whereupon Dr. Thompson introduced Dr. Bauer, who made a short and pithy speech. In the name of the Society the President gave him a hearty and appropriate welcome.

The following gentlemen were admitted to membership: Drs. L. B. Craig, of Salem; S. C. Gibson, of Steelville; Thos. C. Nichols, of Lake Springs; C. S. E. Shuttee, of West Plains.

Dr. J. E. Thompson called the attention of the Society to the hypodermic use of ergot in hemorrhage, and reported a case of hemorrhage from the ileum in typhoid fever arrested promptly by ergot subcutaneously. Squibb's fluid extract was used undiluted in half drachm doses, injected into the arm and repeated every thirty minutes until three doses were given. In a very few minutes after the last dose the bleeding ceased and did not recur. Five minim doses were given by the mouth every three hours for twenty-four hours. The patient, a young lady of fifteen years, recovered, convalescence having been established at the end of the fourth week. Quite an animated discussion followed between Drs. Gibson, Fetzer, Lenox, Coffee and Thompson.

Dr. Thompson stated that his attention had been called to the subcutaneous use of ergot in hemorrhages by Prof. R. M. King, of St. Louis. In the case cited the bleeding surface could not have been reached in

any other way, as the stomach rejected everything ingested.

Prof. Bauer addressed the Society at length upon fracture of the shaft of the femur. He called attention to the method of treating such cases advocated by Dr. Hamilton, of New York City, taking strong and logical grounds against Dr. Hamilton's assertion, that "shortening must take place from contraction of the muscles." He strongly recommended the double-inclined plane as the only rational appliance, and showed conclusively by demonstrations the utter fallacy of attempting to prevent muscular contraction by weights attached to straight or extension splints.

Dr. Craig presented a case of supposed incomplete fracture of the tibia. Upon careful examination, however, the case was pronounced to be one of traumatic periostitis involving more than half of the shaft of the tibia and extending to the fibula. Professor Bauer stated at length and in a very explicit manner the pathology of periostitis and osteomyelitis, and proposed the subcutaneous division of the periosteum as a means of instant relief from the excessive tenderness and pain. He accordingly split up the periosteum, when all tenderness on pressure subsided. A flannel bandage was applied and the man went away greatly relieved.

Dr. J. E. Thompson presented a boy six years old presenting antero-posterior curvature of the thoracic vertebra, of two years' standing. From the history of the case he concluded that it was of traumatic origin. Sayre's plaster jacket had been tried, but with no benefit. The flexibility of three or four of the dorsal vertebrae had been destroyed. Dr. Bauer advised, as in other joint diseases, rest, in the recumbent position, and immobilization. These had brought more relief than all the antistrumous remedies the world had ever produced.

SECOND DAY, May 27th.—Society was called to order by the President at eight o'clock A. M.

Dr. Thompson, chairman of Memorial Committee, reported resolutions in memorium of William E. Glenn, M. D., formerly of Rolla, who died at Leadville, Colorado, last January. These were ordered to be spread upon the journal of the Society.

Dr. S. F. Arthur, of Edgar's Springs, reported a case quite extraordinary in many of its features. A *post-mortem* examination was denied, hence the diagnosis was wrapped in doubt. Most of the members who expressed themselves were of opinion that it was a case of phlebitis. Professor Bauer spoke of the importance of *post-mortem* examinations and the means physicians should resort to in order to obtain them. He spoke of the dangers of thrombus and embolism as a result of phlebitis.

Dr. Coffee reported a case of calcareous degeneration of the arteries of the brain. Dr. S. C. Gibson said he had seen the case referred to by Dr. Coffee frequently, and regarded it as one of general atheromatous degeneration. The man was over sixty years of age. Over two years ago he began to complain of urinismus. Shortly the arteries on the forehead became plainly visible and very tortuous. Every artery accessible felt like a wet quill. He had hemiplegia of the right side. The sensitive nerves were benumbed; you may prick the skin and it will be thirty or forty seconds before any sensation will be produced; his memory is defective, accompanied with aphasia; he cannot say what he wants to say, but says Jim for John. He is subject to "falling fits." Professor Bauer said the man evidently had progressive softening of the brain, and when a large clot forms he will die.

Dr. Gibson reported a case of gun-shot wound of the scalp which produced a clot resulting in monoplegia.

Dr. Thompson presented a man with hydrarthrosis of the left knee joint, the result of subacute synovitis. It had been six months since he first noticed that his knee was swollen and stiffened. It had not been painful at any time. About five weeks ago he had applied a plaster bandage, and since that time had kept the joint immobilized in the straight position, and, by the application of ninety per cent. tincture of iodine he had hoped to get rid of the fluid by absorption; but it was evident that the joint would have to be opened, and asked Prof. Bauer to perform the operation before the Society. Dr. Bauer bandaged the leg from the foot to above the joint with flannel so as to force the fluid into the cul-de-sac above the patella, then plunged a trocar into it, when three or four ounces of strongly alkaline serum came out with great force. The joint was then firmly bandaged, which was to remain for twenty-four to thirty-six hours, when it might be removed. Dr. Bauer dwelt at considerable length upon the pathology of joint diseases and their treatment.

Dr. Coffee read a lengthy paper on "Labor." Dr. J. E. Thompson reported a case of puerperal eclampsia which ended in recovery.

On motion, the Society went into the election of officers, which resulted as follows: For President, Dr. T. J. Coffee, of Steelville; for Vice-President, Dr. S. F. Arthur, Edgar Springs; Secretary, Dr. J. E. Thompson, Salem; Treasurer, Dr. M. Godbey, Salem; Corresponding Secretary, Dr. L. B. Craig, of Salem.

Prof. Louis Bauer, M. D., of St. Louis, and S. S. Harris, M. D., of Cape Girardeau, Mo., were unanimously elected honorary members of the Society.

On motion, the Society adjourned to meet at Steelville, Crawford county, in November, 1880.

JESSE E. THOMPSON, M. D.,
Secretary.

SALEM, Mo., May 28, 1880.

Correspondence.

THE SCROFULOUS DIATHESIS.

Editor Clinical Record:

The letter of Dr. Dungan, of Little Rock, in the CLINICAL RECORD for April last gives me the opportunity of answering certain questions that seem to have arisen among our confrères of that thriving city in relation to this subject. I regret that these questions were not submitted when I was with those gentlemen, for direct personal conversation facilitates mutual understanding; this being out of the question, I must resort to the pen as the next best medium of communication.

In medias res—Dr. Dungan admits "that there is no such entity as scrofulosis." Then, there can be no strumous transmission. This point is, therefore, settled, so far as we are concerned, and this was the main point of my discourse before the Little Rock physicians. Dr. D. is, however, unwilling to accept the logic of his own admission. He concedes that Prof. Rokitsky may be and "undoubtedly is correct" in the statement that there is *no pathology of scrofulosis*, but claims that there may be "a morphology" which "sufficiently extensive research" might disclose. How can this be possible, since morphology is an essential part of pathology.

If no such entity as scrofulosis exists, there can certainly be no symptoms "called scrofula!" The fact is sufficiently manifest in his letter that he is willing to sacrifice the *term*, but not the essence of the strumous disease. On the other hand, I am quite willing to permit the conventional use of the term if the *deus ex machina* is set adrift.

If I was understood as denying the transmission of the pathological conditions of the parent to the offspring, then I have been misunderstood. Syphilis, gout and rheumatism are altogether sufficient to teach me the contrary of such an assertion. I have

simply refuted the transmissibility of a disease that has no existence—and consequently neither “morphology” or “symptoms.”

No well informed practitioner or clinical observer will ignore dependence of the fœtus and infant for nutrition upon the materials furnished by the mother. Nutritive defects arising from improper quality or deficient quantity of those materials cannot remain without influence upon incidental or strictly local diseases in the offspring. On the other hand, we should not lose sight of the physiological fact that when the mother ceases to be the only source of maintenance of the child, then infantile nutrition must, of necessity, change—its connection and dependence upon the mother is severed and different materials must nourish it. Thenceforward the diathesis derived from the mother is undergoing progressive alteration and, *pari passu*, this change is affected with the quality of the nutriment furnished and its hygienic surroundings.

As illustrating my meaning, I may be permitted to refer to a typical case, among many of the same order, which I had under observation for no less than eighteen years. The child was descended from healthy parents, although the mother had suffered in youth from blepharo-adenitis, and the father from a suspicious cough which was supposed to be the outcropping of pulmonary tuberculosis. The latter is now some sixty years of age and is, at least, as hale and hearty as any man of his age.

When the child was born the mother was unable to nurse it and objected to the employment of a wet-nurse. Cow's milk was consequently substituted. The results which followed may readily be imagined. Taken from the cow twelve hours previously and carted about a large city the milk could not be otherwise than unwholesome, especially during the high temperature of the summer months. The child was very soon attacked by diarrhœa, cutaneous eruptions appeared, an abscess upon the thigh exposed the femur and another large collec-

tion of pus upon the back laid bare the spinous processes of the vertebræ, and other similar manifestations of so-called “scrofulous” character. Convulsions were superadded to the other ills of this unfortunate being and reduced him to a mere pretense of humanity. Yet this child, by means of incessant care, rational hygiene, and systematic nourishment, has grown and developed into adolescence with a constitution so robust and wiry as to challenge comparison.

Another boy came under my charge with caries of the spine and lumbo-sacral abscess which discharged in five consecutive years over twenty-five fragments of bone. A letter from his father, received but a year ago, affirms his intellectual and corporeal well-being, robust health, and that he has displayed such intrepid daring in climbing mountains and horse-back riding and exceptional endurance as to excite the admiration of all his comrades.

The idea that these cases were the sequelæ of “strumous” deterioration has never entered my mind, nor have I treated them by any *specific* remedy calculated to change the constitution of the nutritive fluids. They were merely subjected to good hygiene and restorative measures. In both cases the causation was transparent—in the one, dietetic defects, in the other, irrational diet and a fall upon the back from a fence, accounted for the phenomena. Why should we resort to speculations and look about for convenient theories and terms, when cause and effect are so plainly demonstrable?

In order to obviate future misunderstandings, I will once again set forth the propositions I have more than once advanced upon this subject:

1. Manifestations of constitutional disease are invariably multilocal.
2. Monolocular affections are, as a rule, of local origin. The constitution may be compromised eventually by local lesions, either by loss of material (suppuration) or by infection from decomposing matters.

being taken into the circulation (pyæmia, septicæmia). In such cases the constitutional affection is the result, not the cause.

3. Constitutional diseases require, and yield only to, remedies calculated to impress the entire system. They are not amenable to strictly local treatment, and, *vice versa*, local affections are not curable by remedies of this character.

Dr. Dungan's obvious efforts at conservatism are not out of place; at least, it so appears to me. If traditional theories are sustained by the authority of "stubborn facts" they will be left untouched by modern scientific research. In this conflict conservatism cannot uphold them. This has been often and vainly attempted by the very apostles of our noble science.

It is always a pleasure to me to meet, in the scientific arena, opponents whose motives are so pure and whose sincerity is so marked as has been my fortune on the present occasion. For this time, *sapienti sat*.

LOUIS BAUER.

St. Louis, 519 Pine street.

A PERFECT SHOULDER BRACE.

Editor Clinical Record:

DEAR SIR:—The tendency of modern female education, to promote the growth of the intellectual powers at the expense of physical vigor, is apparent, not only to the medical observer, but to all persons who come in contact, educationally, with young girlhood. In vain the teacher in the seminary admonishes her pupils against the fearful results of "round" shoulders and contracted chests; in vain the family physician points out to the fond mother the dangers to be apprehended from overtaxing the brain and neglecting the body, for the lessons must be learned by the dullest as well as the most brilliant, without any regard to degree of individual talent, in different studies, and when the diploma is gained, it is found to be but poor compensation for the loss of physical capacity,

resulting from overstrained bodily energies; for, instead of coming forth to life's battle a sound, healthy woman, she is presented to our view with drooping shoulders, flattened chest, and a generally distorted form which, if not remedied in time, will unfit her for the high and holy duties of wife and mother, and render her very existence a burden. With the growth of this evil of female training, efforts have, at various times, been made to remedy it, and all



sorts of appliances, no doubt, honestly intended to accomplish the desired result, have been recommended to patient and physician alike, and have resulted in more or less good, but speaking generally, the result would warrant the saying, that "the cure was worse than the disease," for the heavy, cumbersome character of the so-called shoulder braces

soon made the wearer tired of them, and the result was a return of the old evil. Fortunately, in the existence of a great want, the time is reached when it may be remedied. The evils of American working and business habits have given us the first dentists in the world. The hypersensitiveness of our people has perfected anæsthesia, and, fortunately, in an appliance, perfected a few months since, and known as the Williamson shoulder-brace, the medical profession has something which will warrant the physician in recommending to all classes of females inclined to the evils mentioned. The supports are in the form of flat strips extending from a little above the upper angle of the scapula and extending downward nearly the whole extent of the spinal column being spaced sufficiently apart to prevent any direct

pressure upon the spine. The strips constitute the main frame of the apparatus and are made of steel, perforated throughout, as shown in the accompanying cut. This perforation prevents the overheating attendant upon the wearing of other appliances. The supports are, at the shoulders, united by a flexible but inelastic tie, passing, in front, to the arm pieces, and serve to overcome the strain upon the latter. In front, the arm pieces are padded. The broad waist band gives the whole apparatus a firmness not obtained in any other appliance, and the weight of the apparatus complete is very trifling.

P. H. C.

Extracts and Abstracts.

CANCER OF THE FEMALE GENERATIVE ORGANS.—Prof. John Clay, Obstetric Surgeon to the Queen's Hospital, Birmingham, writes to the London *Lancet*, a communication which is of the "utmost importance—if true." Prof. Clay became convinced that a remedy for cancer must be one to be administered internally, and that it must be of such a nature as not to interfere with the functions of the special organs, or otherwise to injuriously affect the nutrition of the body, and, at the same time, be capable of being administered for a length of time sufficient to effect the removal of the disorder. He tested a large number of substances which might be capable of curing or arresting the disease, and finally, after a careful study of the pathology of cancer and the effects of certain carbo-hydrates administered internally, came to the conclusion that a remedy for cancer might be found among them. A list of the apparently most eligible of this class of bodies was made and their therapeutic properties studied; it was obvious that most of them were unsuitable for this purpose on account of their known specific properties as well as of exciting a special action upon certain structures and organs. Besides, their administration could not be expected to be sustained for any sufficient length of time, even if they were likely to act on the morbid growth. Circumstances, however (which he does not explain), led him to think differently of the Chian turpentine,

and he determined to give it a trial on the first opportunity. The first case he relates as follows:

"A woman came to the hospital as an out patient, aged fifty-two. She was suffering from scirrhus cancer of the cervix and body of the uterus. Hemorrhage was excessive, pain of the back and abdomen agonizing, and cancerous cachexia well marked. The patient evidently had not a long time to live. The uterus was so extensively destroyed by the cancerous ulceration that its cavity readily admitted three fingers. In such a case it appeared to be justifiable to attempt to relieve the sufferings of the patient, even if the remedy should produce unfavorable symptoms, or should prove of no avail. I therefore prescribed Chian turpentine, six grains; flowers of sulphur, four grains, to be made into two pills, to be taken every four hours. No opiates were prescribed or lotion used. No change was made in her diet or occupation. On the fourth day after taking the medicine the patient reported herself greatly relieved from pain and was in better spirits, but she complained of a large amount of discharge. It was feared that she referred to a discharge of a sanguineous nature. On examination, however, the vagina was found to be filled with a dirty white secretion, so tenacious as to be capable of being pulled out rope-like, and this, although she had syringed herself three hours previously. The os was quite contracted and would now scarcely admit the finger, and the surrounding swelling or cancerous infiltration of the cervix was much reduced. On the twelfth day the thick tenacious secretion had almost disappeared, and was succeeded by a somewhat copious serous fluid. The os was not so firmly contracted, but would only admit the finger. The patient's general health was improved and the medicine well tolerated. Sixth week: I ordered her a quinine mixture in conjunction with the turpentine, but sickness supervened, which ceased on omitting the quinine. Twelfth week: My notes are—the parts feel ragged and uneven, and do not bleed on simply touching them. The speculum shows several cicatricial spots. The turpentine has been taken regularly during the day for twelve weeks every four hours, during which time she has been almost free from pain and has had no hemorrhage; no glandular enlargement; general health improved. Walks easily to the hospital, being about a mile

distant. As the patient did not come again to the hospital, her address was obtained, and it was ascertained that she had left her residence. Being a widow, she could not afford to keep her house, and she went to reside with her married daughter in a northern town, but left no address. The case showed that the medicine was one of great power in cancer of the uterus, and it is to be regretted that an opportunity was not offered for fully carrying out the treatment."

The second case was one similar in character, the patient being thirty-one years old. Prof. Clay concludes the account of it with the remark: "The turpentine acted upon the growth with great vigor, literally melting it away in the brief period of four or five weeks."

The third case was one of epithelial cancer of the os, cervix, and the body of the uterus, in a woman aged fifty-two years. The mass was larger than a cricket ball, almost filling the vagina, which was not involved. She had had repeated hemorrhages, much pain, and the cancerous cachexia was well marked. As an experiment, one-sixth grain ammoniated copper was added to each dose of the turpentine and sulphur. In two weeks improvement was manifest. Sixth week: The surface of the tumor was at the level of the os uteri, and seems to consist of a mass of blood-vessels which bled moderately after examination. The copper caused disturbance of the stomach and bowels, and had to be discontinued. In nineteen weeks she was fairly convalescent. The growth had almost disappeared and the parts beyond the os uteri, although somewhat hypertrophied, were yet almost normal to the touch.

The fourth case was that of a woman aged thirty-two years. There was a cancerous mass of the posterior parts of the os and cervix, of the size of a goose egg. The turpentine mixture was given her three times daily, and by the sixteenth day the growth had almost disappeared. The same condition of the vessels was observed as in the preceding case. In the ninth week the medicine seemed to occasion some disturbance and was discontinued, five-grain doses of iodide of calcium being substituted. After a fortnight, the patient not feeling so well, the former treatment was resumed. She very rapidly improved and is now convalescent.

The "mixture" referred to is made thus: An ounce of Chian turpentine is dissolved

in two ounces of pure (anæsthetic) sulphuric ether; the solution takes place at once. This forms the "solution of Chian turpentine." Half an ounce of this mixed with four ounces of solution of tragacanth, one ounce of syrup, forty grains flowers of sulphur and water to sixteen ounces, to form an emulsion. Dose, one ounce three times daily.

"Other cases are under treatment, both in the hospital and privately, all showing similar effects. The remedy is now being tried in cancer of other organs, and apparently with good results. One of the most interesting, perhaps, is a case of scirrhus of the breast, which has been under observation for some weeks. Among the other cases are cancer of the vulva, stomach and abdomen, in which very remarkable benefit has been already produced."

Oil of turpentine, Venice and Strasbourg turpentines, produce no such beneficial effects. The maximum dose of the Chian turpentine which can be safely and continuously given is twenty-five grains daily. It is advisable to discontinue the remedy for a few days after ten or twelve weeks' constant administration, and then to resume it as before. He has always given sulphur with it, but is doubtful about there being much benefit from the combination. Other drugs given with it seem not to add to the beneficial results, and often seem harmful. As to its mode of action, he says:

"The turpentine appears to act upon the periphery of the growth with great vigor, causing the speedy disappearance of what is usually termed the cancerous infiltration, and thereby arresting the further development of the tumor. It produces equally efficient results on the whole mass, seemingly destroying its vitality, but more slowly. It appears to dissolve the cancer cells, leaving the vessels to become subsequently atrophied, and the firmer structures to gradually gain a comparatively normal condition."

Again, "judging by my experience, it is no figurative expression to say that it acts as a direct poison upon the growth, probably causing its ultimate death."

In the early stages of cancer, he thinks that an undoubted cure may take place speedily under its use, and that a recurrence of the disease need not be feared.

We condense the following account of Chian or Cyprian turpentine (*Terebinthina Chia*) from Flückiger and Hanbury's Phar-

macographia, 2d ed. 1879, pp. 165, 166 and 167. This terebinth was known to the ancients, it being mentioned in the Old Testament and by Theophrastus and Dioscorides. It is the substance to which the name turpentine was originally given. The product is the resinous juice derived from the bark of *Pistacia terebinthus*, L. That found in commerce is collected in the island of Scio. When Tournefort visited Scio in 1701, the island was said to produce scarcely 300 okes or ocche (one occa = 2.82 lb avord.); a century later Olivier stated that the turpentine was becoming very scarce, 200 ocche only, or even less, being the annual yield. It was then carefully collected by means of little earthen vessels tied to the incised stems.

Chian turpentine as found in commerce and believed to be genuine, is a soft solid, becoming brittle by exposure to the air; viewed in mass it appears opaque and of a dull brown hne. If pressed while warm between two slips of glass, it is seen to be transparent, of a yellowish brown, and much contaminated by various impurities in a state of fine division. It has an agreeable, mild terebinthinous odor and very little taste. The authors found that an authentic specimen contained $14\frac{1}{2}$ per cent. of an essential oil. When this had been treated with metallic sodium and again distilled, an oil was obtained that had an agreeable odor, resembling that of a mixture of cajeput, mace and camphor, and possessing the same chemical composition as ordinary oil of turpentine.

"Uses:—Chian turpentine appears to have exactly the properties of the pinic turpentines; in British medicine it is almost obsolete. In Greece it is sometimes added to wine or used to flavor cordials, in the same manner as turpentine of the pine, or mastich."

We presume that Prof. Clay's report will initiate a new "medical fashion," and in order that the remedy shall have a fair test we give space to these particulars regarding the genuine article that practitioners may be able to guard against fraudulent impositions.

ORIGIN OF SYPHILIS IN AMERICA.—Dr. Gustav Brühl (Cincinnati *Lancet and Clinic*, May 29) read an interesting paper on the Pre-Columbian Existence of Syphilis in the Western Hemisphere, in which he seems to prove conclusively that the disease was widely spread in this country long before its discovery by the great Genoese. One of the most decisive passages is one quoted from the *Historia Apologetica*, of Las Casas, which is as follows:

"There are," says he, in the 19th chapter, "two things in this island which, in the beginning, were very annoying to the Spaniards; the one was the disease of syphilis, which they call in Italy, French evil, and you may rest assured that it was brought from this island (San Domingo), either by the first Indians who accompanied the Admiral Cristobal Colon, when he returned with the news of the discovery of these Indies, and when I saw them in Seville; or by those Spaniards who returned to Castilia after the first expeditions suffering from this ailment, and this may have been in the years 1494 to 1496. As the King Charles of France, called the Big-Headed, invaded at that time Italy with a strong army for the purpose of taking Naples, and this evil then became contagious, the Italians believing that it had been communicated to them by the French, called it hereafter the French evil. I have several times taken particular pains to question the Indians if it was very ancient in their island, and they responded it was, long before the Christians had arrived, so long that they had no recollection of its beginning. And of this there can be no doubt, because the divine Providence provided that country with the proper medicine, which is, as said in the 14th chapter, the guyaean tree. It is a well established fact, that all incontinent Spaniards, who did not practice the virtue of chastity in this island, became infected, and out of a hundred hardly one escaped, except the female (with whom he had intercourse) was not diseased. The Indians, men as well as women, who had the disease, were much less afflicted and hardly more than when they took the small-pox, but the Spaniards suffered great and continuous pain, especially before the malady made its outward appearance."

There are three points contained in this quotation deserving of special attention. The first and most remarkable one is the confession of the Indians that the disease

existed since time immemorial amongst them. * * * * * The second point of interest is, that the disease was brought to Spain either by the Indians or Spaniards who returned with Columbus. This fact is borne out by the testimony of a contemporaneous physician, Diaz de Isla, who tells us that he treated men of the Admiral's fleet, who were suffering from the disease before they landed (in April 1493), and afterwards persons thus afflicted in Barcelona prior to the French expedition against Naples. * * * * * The third point is, that the disease affected the Spaniards with greater violence than the natives. Medical history records that whenever a contagious disease attacks a people for the first time it does so with the utmost malignancy, whilst it becomes gradually milder amongst those in whom it has lingered for a long time."

Dr. Brühl quotes many curious passages from the writers of the time immediately succeeding the voyages of Columbus, all to the same effect: that the disease was widespread, well recognized and successfully treated among the natives, and that the Spaniards learned the therapeutics of syphilis from the Indians. The fact that syphilis was an element in the mythology of the aborigines is one that demonstrates the high antiquity of the disease among them.

Dr. Joseph Jones, of New Orleans, is quoted, proving that vestiges of syphilis are to be found in the bones of the extinct Mound Builders of the Mississippi Valley.

Dr. B. does not claim that syphilis was strictly an American disease; on the contrary, he quotes authors who prove its existence in Java, the Moluccas, China, and among the ancient Hindus (eighth century of our era).

He claims to have demonstrated—and we agree with him—"from historical and archæological sources, that it existed in the Western Hemisphere prior to the advent of the white man."

PUNCTURE OF OBSCURE ABSCESS OF THE LIVER.—Sir Joseph Fayrer (*Lancet*) quotes the following from Prof. W. S. Palmer, of Calcutta, who has had large experience in this affection:

"You have asked me to give a brief account of the results of treatment by puncture in cases of doubtful liver abscess which came under my treatment during the period of six years, in which I had medical charge

of an average of about seventy patients in the European General Hospital, Calcutta.

Passing over cases of undoubted liver abscess, there was still a residuum of patients presenting doubtful symptoms in whom neither unsymmetrical enlargement nor superficial tumescence, etc., could be detected. Such patients presented symptoms varying in every degree. At the one extreme, cases of general cachexia, with irregular slight febrile attacks, would exhibit symptoms as frequently attributable to deranged stomach or bowels or lungs only, as to the liver itself; while at the other, slight general enlargement of the organ would be found associated with that peculiar form of 'tenderness' in which pressure over the organ produced an indescribable sensation, inducing either faintness, hurried respiration, palpitation, or nausea with retching, or all of these at once.

In all this large class of cases, it was my custom to plunge a long trocar and canula, of small diameter, into any or all parts of the liver, through a valvular opening, examining, on the spot, the small quantity of extracted matter for pus globules.

It was only in very exceptional cases that any signs of pus could be detected. When it was so detected, the puncture was generally followed by slight inflammatory action at the seat of puncture, which probably ended in adhesion of the organ to the parietes, and so facilitated the future opening of the abscess. When, on the other hand, no pus was found, a good deal of anxiety was felt in the earlier cases lest the puncture should be followed by any evil results. Such moments of anxiety soon ceased, however, to recur; for it very rarely happened that the patient did not express himself, the next day, as feeling much relieved, and in no case do I remember any bad consequences resulting from such punctures. The relief was frequently only temporary, in which case a second, a third, or a fourth puncture was made at intervals of eight or ten days. In some, however, one puncture sufficed to cure."

JAMAICA DOGWOOD has been used by Dr. Helm, formerly physician to Mercy Hospital, Chicago, in many cases in which opium was not tolerated. He finds its anodyne properties rather less powerful than those of opium, while its hypnotic action is more decided.—*Therapeutic Gazette*.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - JUNE, 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

PROMPT RENEWALS of subscriptions are in order. If you do not like the CLINICAL RECORD and its policy and *do not intend to pay for it*, be courteous enough to say so, pay up arrears and discontinue in a gentlemanly way. If you do like it, renew your subscriptions and ask your medical friends to subscribe.

STATE REGULATION OF PROSTITUTION.

One of the strongest arguments of those who oppose police and sanitary supervision of "the social evil" is that venereal diseases are in no degree diminished by such supervision, while the fancied security thus given to those who would indulge their sexual passions unrestrained tends rather to increase the spread of these diseases. An abstract from a recent French journal, to be found in another column, demonstrates that "regulation regulates" this matter, in France, at least, while England, where "regulation" is scarcely attempted, shows a startling contrast. In the English army the proportion of venereal cases per thousand men was 329, while in the French army at the same date (1865-'69) the proportion was only 106 per thousand, and this has been reduced to 58 per thousand men. It would appear that these figures ought to

be sufficiently significant, especially when it is considered that every venereal patient is almost certain to become a center of infection, the limits of which it is difficult to estimate.

But there is another side to this question of "regulation" which cannot be overlooked. It is the side which has arrayed the strict moralist and many political economists against everything that can be tortured into the appearance of encouraging the evil. Of course, we refer to its supposed encouragement of concubinage and corresponding discouragement of marriage and consequent interference with increase of population.

Many months ago an editorial appeared in the *American Medical Bi-Weekly* on the "Economy and Advantages of Prostitution," and recently (April, 1880) the *Pacific Medical and Surgical Journal* has drawn it forth and sent it upon its rounds. It has been copied once or twice already and will probably attain a wide circulation, for it is written in a vein of satire such as characterizes the writings of the editor of the *Bi-Weekly* and render them very striking and readable. A direful picture of the depopulation of France and Belgium is given, which is attributed to wholesale (almost universal, one would suppose) concubinage and prostitution; to "the social evil" and nothing else. This statement appeared to us so manifestly unfair—slanderous even—that we have taken some little pains to reach the facts in the case, which we shall endeavor to set forth in a calm and judicial manner.

The article quoted from the *Bi-Weekly* stated that Dr. Després showed, in a discussion before the Anthropological Society of Paris, "that in Belgium, where the legal organization of prostitution is most complete, marriage is continually becoming more rare, and that the system of national concubinage and prostitution thereby resulting is rapidly depopulating that country. * * * * * It would seem, too, that

if prostitution be made safe and disease be not relatively but actually checked, that public sentiment would thus give an implied support to prostitution; that it would largely increase, and that the results of such a system must be fatal to national increase."

In the *Lyon Médical* of May 16, we find the following facts, taken from a book that has just appeared, the *Bibliothèque utile*. A statistical article, prepared by M. J. Bertillon, contained therein, states that marriages take place in the same proportion in France as in adjacent countries, that the rate of mortality is not higher, while the birth-rate is lower. The following table clearly establishes this fact, while at the same time it disproves one of the assertions quoted above, and at the same time leads to a very different inference regarding the effects upon the population of a country of strict regulation of prostitution.

One thousand women between the ages of fifteen and fifty years annually give birth to the following number of living children in the several countries named:

France	102
England	136
Bavaria	157
Belgium	127
Spain	141
Netherlands	137
Ireland	114
Prussia	150

It will be observed that Ireland ranks next to France in infecundity, while England is not so much more fruitful than Belgium than the latter is over Ireland. No one invokes want of chastity to explain the infecundity of the Irish any more than is the large consumption of beer made to account for the fruitfulness of the Bavarians.

It is very evident that, in itself, the excessive fruitfulness of the women of a country will not secure the best good to the state. It is the children that live to the adult age who contribute to the prosperity of a country, and a comparative infecundity is rather favorable than otherwise to the permanent prosperity of a people. Atten-

tion to hygiene and preventive medicine, in which we include a wise police and sanitary supervision of prostitutes, will do more to secure a healthy increase in the population of a country than any amount of tirades against "state regulation of vice."

The inevitable results of large standing armies and legal restrictions on marriage (Bavaria) are concubinage, excess of illegitimate births, criminal abortion, infanticide and prostitution. To seek for the cause of non-increase of the population of a country solely in its method of dealing with prostitution is, to say the least, shortsighted and to the last degree unphilosophical.

THE TREATMENT OF UTERINE CANCER.

We devote considerable space in our abstract department to a resumé of Professor Clay's claims relative to the specific effects of Chian turpentine upon cancer of the female generative organs. One statement made by this gentleman has been left for discussion in this portion of our journal for the reason that it discloses such astonishing ignorance on the part of the Birmingham professor as to raise a suspicion as to the trustworthiness of his observations as recorded. The following is the passage to which we would direct the attention of our readers.

"The history of the local treatment of cancer of the uterus is one of singular interest, and is highly instructive to the practical physician. The contrast between the general and local treatment is the more notable, as nothing can be more injurious to the welfare of the patient than an attempt to destroy the cancer by external agencies. The disease is not to be averted by this means, as the symptoms assume a more intense and threatening character until the patient rapidly sinks."

Mr. Clay has used the new specific for a period of about twelve months. Several of his patients disappeared from view before it could be definitely stated that all signs

of morbid growth had disappeared. None of his cases are reported as *cured* after the lapse of a time sufficiently long to settle the question beyond doubt. In spite of his non-success with local treatment, which he takes for the result of the experience of all gynecologists the world over and during all past time, and in spite of the inconclusive results of his recent trials of Chian turpentine, extending over a few months only, he is rash enough to say, "In the early stages of cancer it may be affirmed that an undoubted cure may take place speedily, and as the contiguous structures are not extensively involved, but little deformity ensues; and experience justifies the expectation that, under such circumstances a recurrence of the disease will not follow."

But the point to which we would more particularly refer is the statement so sweepingly made that the only result of local interference with such growths is to hasten an inevitably fatal result. This statement is so notoriously contrary to recorded facts that we should not take the trouble even to refer to it were it not that it appears upon the pages of the London *Lancet* and, so far as we can learn, has not met with rebuke from the pen of any gynecologist.

When we refer to Mr. Clay's ignorance, we take full responsibility for the assertion. From his unqualified affirmation that local treatment invariably leads to a fatal result, we are justified in assuming that he does not read American medical literature, and, consequently, is ignorant of American practice. How else can we explain his ignoring the results attained by American surgeons?

We need only to refer to the writings of J. Marion Sims and John Byrne (*American Journal of Obstetrics* and Transactions of the American Gynecological Society) for a full confirmation of our statement. Both of these eminent surgeons have removed cancerous growths from the cervix uteri and even those involving a portion of the body of that organ, and there has been no

recurrence in a certain proportion of cases after periods of five years and over. The statements made by our American surgeons, in which they admit that not every case recovered, are in agreeable contrast with those of the Birmingham professor.

Mr. Clay has written a book; of course he has. This book has been placed before the American public and depends upon the American profession, to a considerable degree, for readers. In view of the fact that its author has adopted the plan of superciliously ignoring what has been written and done by Americans, we suggest that Americans will lose nothing by ignoring him and his writings. An author who habitually neglects a large share of the current medical literature of the world can not be either trustworthy or instructive.

PROF. JOHN T. HODGEN, M. D., of this city, has been elected President of the American Medical Association. This is a vast improvement over the last incumbent. We congratulate Dr. Hodgen upon his election.

SURGEON-GENERAL HAMMOND's paper is unavoidably laid over. Delay in receiving it is the cause.

Book Notices and Reviews.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (Neurasthenia); its Symptoms, Nature, Sequences, Treatment. By George M. Beard, A. M., M. D., Etc. New York: William Wood & Co. pp. 193.

When first we began the perusal of contemporaneous medical literature, we were struck by the frequency with which the name of a certain writer appeared as the author of numerous articles cropping out simultaneously in different journals all over the country. In fact, so frequently has this latter phenomenon occurred, that if we found it desirable to establish a pathological simile for the literary activity of this

gentleman, we should not only have to resort to the well-worn one of "a diarrhoea of words and a constipation of ideas," but, in addition, class it amongst the eruptive disorders with which our medical periodicals are afflicted. When Dr. Beard picks up anything which he considers an idea (however much others would venture to disagree with him) one may wager with considerable confidence that, within the following six months, the readers of the *Popular Science Monthly*, of two New York, one Southern and one or two Western medical journals will be gratified with a lengthy exposition of that idea. Probably no other American medical writer has so much printer's ink and relatively so little solid matter on his conscience as the gentleman named.

When a physician displays a great activity as a contributor to periodical medical literature, it may be looked on as a sign of serious import, and so it has proved in the case of Dr. Beard. His literary agony has culminated in the production of a book.

We may say, in brief, that the work before us is in every way worthy of its author. The binding is good, the paper excellent and the typography unexceptionable. Here we would prefer to close our review, but the editorial command is on us to permit no foolish sentiment to interfere with our duty, as exhaustive and impartial reviewers, to the readers of the *RECORD*, and we have to add, therefore, that the contents of Dr. Beard's book are not worth the ink with which it is printed, much less the paper on which this was done.

When the book arrived, we felt disposed to register a mental bet that it would move within those circles within which Dr. Beard's ideas have been accustomed to revolve during the past ten years in the medical and popular journals aforesaid. *Est quodam prodire tenus, si non datur ultra.* That circle is marked by the following points: "Masturbation," "Sea-Sickness," "Central Galvanization," "Hay Fever,"

"Writer's Cramp," "Morbid Fears," and "Trance."

In his introductory chapter Dr. Beard claims the priority of the first clear description of neurasthenia for himself. We never knew anything written by this author to be particularly *clear*, and turning to the chapter to which he refers, we find that the descriptions given are based purely on the subjective accounts of the patients without any critical analysis of the somatic condition.

As far as the name given by Dr. Beard is concerned, we believe it to be by no means an improvement on the nerve-erethism of Henle, who described pretty faithfully all that is to be described in nerve weakness.

To illustrate how careless Dr. Beard is in his symptomatology, we quote a statement from page 17, "Permanent irregularity of the pupils is a sign of organic disease." Every one of our readers, we trust, knows of cases of such inequality of a congenital character, or acquired through the excessive use of one eye in microscopy or woodcutting, or in other mechanical arts.

Dr. Beard has had the fortune to be a witness of a steam-ship collision, and this accident must, from the multiple uses to which he has put it, have been full of incidents, which the gifted writer, with the inspiration of genius, seized on simultaneously and preserved for the use of his faithful servant and prophylactic against insanity,* the type writer. It came out in his article on trance, it now appears in relation to neurasthenia, what further fate is in store for it, we shall probably learn within the year.

Some of the cases related by Dr. Beard, like the one illustrating fear of drunken men, are certainly remarkable if they are not, as some would think, just a little—embellished?

* Dr. Beard, in his paper, "Problems of Insanity," claims that the type-writer, elevated railroads and telephones tend to diminish insanity.

For convenience of reference, Dr. Beard furnishes the following classification of morbid fears. Reader! tremble!!

1. Astrophobia—fear of lightning.
2. Topophobia—fear of places. (a) Agoraphobia—of open spaces. (b) Claustrophobia—of closed spaces.
3. Anthropophobia—fear of man.
 - (a) Gynophobia—fear of woman.
4. Monophobia—fear of being alone.
5. Pathophobia—fear of disease.
6. Panthophobia—fear of everything.
7. Mysophobia—fear of contamination.
8. Phobophobia—fear of being afraid!!!

We respectfully submit a ninth group, with its definition:

9. Beardophobia—fear of the articles, classifications and terminologies of Dr. Beard. The sufferers from this complaint are recruited from the membership of certain societies before which Dr. B. reads, and the readers of the journals in which he publishes his papers.

Dr. Beard proceeds to state, on page 121, that insanity is very apt to follow neurasthenia, and he adds that the form of insanity is melancholia. Either Dr. Beard uses the term melancholia very vaguely, or he has, and this is the alternative we accept, little or no experience with insanity. As to frequency of his forms of neurasthenia, what he designates a morbid fear, hypochondriasis, occupies the first rank, and this again is more frequently followed by insanity (or in reality it constitutes its prodromal symptom) than all the other forms combined, and if so followed is not followed by melancholia, but by monomania, the primary vesania of the Germans.

From page 122 to 132 is a substantial repetition of his paper in the "*Lunatic and Neurasthenic*," with the single alteration, prompted, possibly, by the criticism in the CLINICAL RECORD, that he does not claim as decidedly as in that paper to cure organic kidney disease with electricity.

Through the entire paper there runs a vein of assumed logic and philosophy which

might impose on those who think not deeply themselves, but to one accustomed to analyze propositions critically, appears purely as based on circumscriptions of what could be expressed in straight-forward English, and without that sprinkling of "induction," "deduction" and "sources of error" with which Dr. Beard's papers are adorned. Dr. Beard evidently makes the mistake of confounding verbosity with profundity!

While fully half the foot note and text references are to his own writings, he has ignored the best treatises on the same subject published long before his own.

We can not refer to this subject more fittingly than by reproducing and fully endorsing the following from a review on this same work appearing in the *Journal of Nervous and Mental Disease*:

"For ourselves, we do not hesitate to say that the old work of Robt. Wright, published first in 1767, contains an account of the disorder which passes under the name of neurasthenia, more full and, in some respects, more judicious than this one of Dr. Beard, * * * * * and we would willingly undertake to point out passages in the writings of Hypocrates which show a clear appreciation of the existence of nervous exhaustion.

Dr. Beard, however, seems only to have alighted on the works of Grasset, of Rosenthal, and that of Erb. * * * * * The subject is an exceedingly important one; but it is not new. It is not an American disease (as Dr. Beard claims—own note), and we are sorry to record our judgment that this little book does not greatly advance our knowledge of it. In respect to the pathology of the disease the book is meagre and defective. * * * * "

We have been thus lengthy in our review, not because of the intrinsic importance of the work, which is very minute, but in order to call the attention of the general profession once more to the weak logic, imperfect observation, absurd claims and tiresome repetitions which characterize such writings and to warn the public against patronizing in any way, what has been, and promises to maintain its character as an inundation of worthless literature in the field of nervous diseases.

E. C. SPITZKA.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS:—

THE VENEREAL DISEASES, Including Stricture of the Male Urethra. By E. L. Keyes, A. M., M. D., Prof. of Dermatology and Adjunct Prof. of Surgery in the Bellevue Hosp. Med. College, Etc., Etc., Etc. 8vo. pp. 348. New York: Wm. Wood & Co. 1880.

Wood's Library of Standard Medical Authors met with a pronounced success in its first year, although it was composed mostly of works already some years before the profession. This success has induced the enterprising publishers to continue the series another year. The first four volumes now in our hands show a marked improvement over their predecessors, both in intrinsic merit and in mechanical execution.

Dr. Keyes, of New York, has already attained a well-earned position among dermatologists and syphilographers, and this handy volume is calculated to advance his claims to be considered the peer of any American writer upon venereal diseases who can be named. In some parts, however, it shows evidences of having been hastily written, but, taken altogether, it is eminently practical and clear. We are sure it will give general satisfaction to the subscribers and was very properly chosen by the publishers to begin the series.

We find "the *glory* of syphilis" mentioned, but, strange to say, nothing about the "magnificence of gonorrhœa," the "grandeur of chancroid," or the "superbness of stricture." A new edition may remedy these trifling defects.

Seriously it is an excellent work, and one that is in almost every respect worthy of the highest commendation.

A TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE. By Alfred Poulet, M. D., Adjutant Surgeon-Major, Inspector of the School for Military Medicine at Val-de-Grace. 8vo. Vol. I, pp. 271, Vol. II, pp. 320. New York: Wm. Wood & Co. 1880.

These compact, handsome volumes have an unpromising title, but a careful exam-

ination shows that it is one which brings together much valuable material. The "country doctor," who finds himself confronted by a foreign body in a locality unmentioned in his text books, will find this work of the very greatest value.

BOOKS & PAMPHLETS RECEIVED.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond., Professor of the Principles and Practice of Medicine in University College, Etc. With numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D., Etc. In three volumes. Vol. III. Diseases of the Digestive, Blood-Glandular, Urinary, Reproductive, and Cutaneous Systems. 8vo. pp. 880. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: J. H. Chambers, sole agent, No. 305 Locust st. Sold only by subscription. Cloth, \$15; leather, \$18.

THE PROBLEM OF HUMAN LIFE: Embracing "The Evolution of Sound" and "Evolution Evolved." With a Review of the Six Great Modern Scientists, Darwin, Huxley, Tyndall, Haeckel, Helmholtz and Mayer. Second Edition. Demi 4to. pp. 527. By A. Wilford Hall. New York: Wilford Publishing Co., 234 Broadway. 1879. St. Louis: John Burns, agent, 717 Olive st. Cloth, \$8.

POST-MORTEM EXAMINATIONS, with Especial Reference to Medico-Legal Practice. By Professor Rudolph Virchow, of the Berlin Charité Hospital. Translated from the second German edition by Dr. T. P. Smith. 12mo. pp. 145. Philadelphia: Presley Blakiston, 1012 Walnut st., 1880. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$1 25.

THE PHARMACOPEIA OF THE BRITISH HOSPITAL FOR DISEASES OF THE SKIN. Second edition. Edited by Balmano Squire, M. B. Lond., Senior Surgeon to the Hospital. London: J. & A. Churchill. 1880. From the Author.

A PRACTICAL TREATISE ON SEA-SICKNESS: Its Symptoms, Nature and Treatment. By George M. Beard, A. M., M. D., Etc. 12mo. pp. 74. New York: E. B. Treat, No. 757 Broadway. 1880. Flexible cloth, 50 cents.

Miscellaneous Notes.

THE season, thus far, has been very favorable for the development of summer diarrhœas in children. It should be carefully borne in mind that "Lactopeptine" is one of our most valuable means of meeting these very troublesome and often fatal affections. Combined with bismuth subnitrate or subcarbonate, it has almost always given us most excellent results.

FOR SALE:—A Doctor's Residence in Richmond, Ind. Elegant brick house, with all modern improvements. Brick office, with mansard roof, hot and cold water, etc., one of the nicest and most convenient west of the mountains. Brick stable, with gas, harness room, force pump, etc., etc. Lot 100 by 122 feet. Very central, property first-class in every particular, title perfect. Can influence a large amount of practice for purchaser. Reasons for selling, a call to a surgical professorship in St. Louis. Address J. H. MCINTYRE, M. D., Richmond, Ind., or Dr. P. H. CRONIN, 614 Olive street, St. Louis, Mo.

WARNER & Co.'s SUGAR-COATED PILLS.—The sugar-coated pills of Messrs. Warner & Co., which have received a prize medal at all the great international exhibitions, have received a high reputation, and are now being introduced by Messrs. F. Newberry & Sons, 37 Newgate street, London. Their sugar-coated phosphorus pills have an especially high indorsement from the jurors of the International Exhibition, who attest their solubility, their reliable character, the perfection of their sugar-coating, and their thorough composition and accurate subdivision. A special certificate is given as to their pill of phosphorus, that the element is thoroughly diffused and subdivided, although perfectly protected from oxidation. These phosphorus pills are presented in numerous combinations of a useful character, including a variety of the leading tonics, stimulants, and sedatives, and a list of such combinations is available to subscribers.—*London Medical Record*, March 15.

LAGER BEER as a remedial agent is highly praised by Dr. Jesse Ewell (*Virginia Medical Monthly*), especially in albuminuria, stone in the pelvis of the kidney, etc. He

thinks it worthy of a trial in *Bright's disease*.—St. Louis CLINICAL RECORD.

This preparation has long been used in Cincinnati as a cure for stone in the scrotum. Having carefully observed a series of cases under treatment for some months, we are obliged to report more failures than cures of this horrible disease, which statistics inform us affects nearly one-half of the human family; however, we are not discouraged, and will give the next new remedy proposed a fair trial.—*Cincinnati Lancet and Clinic*.

If the editor of the *Lancet and Clinic* had perused our April number more carefully he would have learned that a case of the "horrible disease" referred to had been successfully operated upon by a St. Louis surgeon. The fact that the patient came from Indiana, near the Ohio line, ought to suggest to the Cincinnati sufferers, that there is still hope for them. Send your cases to St. Louis, O *Lancet and Clinic*, and if our matchless lager fails to effect a cure, Dr. McIntyre will come to the rescue with his bistoury and Lister's method!

Home News.

THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI met at Carthage, according to programme, on May 18. The officers for the coming year are as follows: President, Dr. J. M. Allen, of Liberty, Clay county; Vice-Presidents, Drs. T. U. Flanner, of Springfield, T. B. Lloyd, L. I. Matthews, of Carthage, Jasper county, A. B. Sloan, of Kansas City, and A. W. Smith; Recording Secretaries, Drs. A. J. Steele and F. J. Lutz, of St. Louis; Corresponding Secretary, Dr. H. H. Mudd, of St. Louis.

Committees:—On Credentials, Drs. Torrey, Evans and Mudd; On Scientific Communications, Drs. Latimer, Norris and French; On Progress of Medicine, Drs. Tefft, Hill, Gerard, Moss, Dalton and King; On Progress of Surgery, Drs. Johnson, Geiger and Lutz; Railroad Surgery, Drs. Hearnes and Torrey; On Ethics, Drs. Green, Gordon and Fulkerson; On Publication, Drs. Engelmann, Moses and Michel.

The next meeting will be held at Mexico, Audrain county, in the third week of next May.

ST. LOUIS CLINICAL RECORD.

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NO. 4.

Original Communications.

ON MYXŒDEMA, WITH SPECIAL REFERENCE TO ITS CEREBRAL AND NERVOUS SYMPTOMS.

*Read Before the American Neurological
Association, June 16, 1880.*

BY WILLIAM A. HAMMOND, M. D.,
Surgeon-General U. S. Army (retired). Professor of
Diseases of the Mind and Nervous System in
the University of New York, etc.

The first account of the very remarkable disease which I am about to bring to the notice of the American Neurological Association, was given by Sir William Gull,* in a paper read before the Clinical Society of London, Oct. 24, 1873, entitled, "On a Cretinoid State Supervening in Adult Life in Women." Sir William Gull did not attempt any very complete description of the cases that had come under his observation, nor enter at any length into a consideration of the morbid anatomy and pathology of the disease. His main object appeared to be to draw attention to a well-marked and probably not uncommon affection which, up to that time, had not been differentiated.

Subsequently, Dr. Ord,† in a very thorough paper entitled, "On Myxœdema, a Term Proposed to be Applied to an Essential Condition in the Cretinoid Affection

Occasionally Observed in Middle Aged Women," made an exposition of the symptoms and morbid anatomy of the disease which leave little to be desired.

Before the Clinical Society, Oct. 10, 1879, Dr. Dyce Duckworth* reported cases of the disease, and Dr. Ord read another paper on the subject. At the same time, Dr. Sanders, of Edinburgh, in the debate which ensued, mentioned the fact that several cases which he now recognized to be instances of myxœdema had come under his notice.

One other notice of the affection concludes what has, up to the present time, been written on this curious disorder. It is that of Dr. George H. Savage,† "Myxœdema and its Nervous Symptoms." It is accompanied with photographs of two of Dr. Ord's cases.

Myxœdema is another instance of a cerebral disease being brought to the attention of asylum physicians by a medical man not connected with such an institution, and subsequently carefully studied by others similarly situated. Doubtless the hospitals for the insane, both in Europe and this country, contain many cases of the disease in question, and probably, now, that attention has been directed to its marked characteristics, we will hear from some of our own superintendents on the subject.

Myxœdema is a disease which, as Dr. Ord has shown, has for its patho-anatomical feature, the deposit of a mucoid substance in various parts of the body, especially in the

*Transactions of the Clinical Society of London, Vol. VII, 1874, p. 180.

† Medico-Chirurgical Transactions, Vol. LXI, page 57.

* Lancet, Vol. II, 1879, page 577.

† Journal of Mental Science, Jan. 1880, p. 417.

skin; or a degeneration and proliferation of the connective tissue. Probably both these conditions co-exist in some tissues.

As a consequence of this state an appearance resembling that of anasarca is produced, with the exception that the pressure of the finger on the part does not leave an indentation. The tissue is resilient and not boggy, like that into which water is infiltrated, as in ordinary oedema.

The face has very much the appearance, so far as the swelling is concerned, of that which is met with in cases of the toxic effect of arsenic. There is a puffiness of the eyelids, the lips are prominent, the nostrils are swollen and the cheeks over the malar bones are red from capillary congestion.

Sir William Gull was much impressed with the "spade-like" appearance, as he called it, of the hands and fingers. These latter are "clubbed" as they so frequently are in those cases of heart disease in which there is an impediment to the return of blood to the right side of the heart.

The temperature of the body is, in all cases, below the normal standard.

Thus far all the instances of the affection reported have been in adult women, unless an exception exists as regards one in a man occurring in Dr. Savage's experience, in relation to which some doubt exists as to its identity with myxœdema.

The cerebral and nervous symptoms appear to be very decided. The intellect is notably weakened, and replies to questions are given in a sluggish and inexact way. The memory is imperfect and the patient experiences a lack of confidence in herself both as regards mental and physical power. The special senses are more or less perverted and there are sometimes hallucinations or delusions. One case cited by Dr. Savage "was distinctly maniacal, sleepless, incoherent, violent at night." The most ordinary mental condition met with is, however, a lassitude or stupidity resembling the state generally known as acute dementia.

Such are the most marked features of the disease as described by the authorities I have mentioned.

Since the appearance of Sir William Gull's and Dr. Ord's papers, my attention has been directed to the subject, and I have been on the look out for cases similar to those described by these gentlemen. A few days ago (April 22) an instance of the affection of a most undoubted character came under my observation, the particulars of which I now proceed to describe. My account is based upon three careful examinations:

Mrs. H. S., aged forty-one, consulted me first, as I have said, April 22, 1880. I saw her again April 29th, and again May 6th. Her appearance was that of a person suffering from general oedema, the consequence of heart or kidney disease. The lower eyelids and the face immediately below them were turgid, the skin over the forehead was rough and swollen in spots, the nose was thick, the lips, especially the lower one, protruded like those of a person who has received a severe blow upon the mouth; and the skin over the malar bones was not only thickened, but for a space on each side the size of a dollar, was red with a hectic flush.

The neck was also greatly swollen, as were likewise the hands. All the fingers were "clubbed," but there was no incurvation of the nails.

Extending my inspections, I found that the whole surface of the body was similarly affected. At no place, however, could pitting be produced by pressure. As soon as the end of the finger was removed the depressed surface returned to its ordinary level.

It was very evident that this was a case of myxœdema, and the continuance of my inquiries served to confirm the impression derived from a simple inspection of the more obvious characteristics of the case.

The general sensibility of the skin was markedly diminished. Thus, on the cheek,

the two points of the aesthesiometer could barely be distinguished when separated to the extent of an inch and a half—three times more than the normal distance, and at the ends of the fingers, where they should have both been felt at a distance apart of the twelfth of an inch, they had to be separated five-twelfths of an inch before each was perceived. A like condition existed in the skin of the trunk and lower extremities.

At an early period she had suffered from pains in various regions of the head, but latterly these had disappeared and there had been no similar disturbances of sensibility in other parts of the body. On the contrary, as the aesthesiometer indicated, sensibility was diminished. The ends of the fingers felt as if there were "tight thimbles on them," to use her own expression, and the soles of her feet as though they were padded or cushioned. The various sensations of numbness were present more or less in the face, the end of the tongue, and the arms and legs.

The muscular power of the patient appeared to be decidedly weaker than was normal. The gait was staggering, the feet were not lifted clear of the ground, the grasp of the hands was weak and the articulation was sluggish and indistinct. There was marked difficulty of coördination both in the upper and lower extremities. Although the patient could stand with the eyes shut, she walked with an uncertain step unless her eyes were directed to the ground, as is the case in locomotor ataxia. She could not put the finger on any given part of the face unless she had her vision to guide her, and even with that assistance she did not readily and with certainty direct the movements of the hands.

The other special senses besides the touch—which, as I have shown, was markedly lessened in acuteness—were all more or less deranged. Ophthalmoscopic examination showed the existence of neuro-retinitis in both eyes, objects looked blurred and were generally apparently surrounded

with a halo. Occasionally she had had momentary double vision. The pupils were equal in size but extremely slow to respond to an increased or diminished amount of light.

The hearing was diminished in acuteness. With the left ear she could not hear the ticking of a watch at a greater distance than twenty inches, and with the right ear twenty-six inches. The tuning fork placed on the forehead was heard, but the sound was not intensified when the meatus was closed. On the contrary, it seemed to be lessened. I was, therefore, of the opinion that the auditory nerves were affected. The Eustachian tubes were pervious.

At one time there had been tinnitus, but latterly this had disappeared. There was no impaction of cerumen, and the drum-heads were apparently healthy.

The senses of taste and smell were markedly diminished in power, the latter being almost entirely abolished. The lining membrane of the mouth and fauces had lost a great deal of its normal sensibility. Thus, she could not, by the taste or the feeling, from the contact with the tongue and mucous membrane, distinguish a clam from an oyster, or fish from roast beef.

The mental phenomena were not less strikingly exhibited. There were frequent hallucinations both of sight and hearing, and delusions that attempts were being made by certain Frenchmen she spoke of to injure her with oil of vitrol, which, she declared, they put into the bed in which she slept and the food she ate.

There was manifest deterioration of the mental power. In answering the simplest question she looked fixedly at the interrogator for fully a minute before speaking, apparently not comprehending its purport, or else uncertain what reply to make. Some quite simple matters she evidently did not understand at all. Thus she could not tell me how much sixty and twenty-five made, and when I asked her what a book was made of, she fixed her eyes on me for

some time and finally said, "Oh, all those things," and I could get no other answer out of her.

Her memory was equally weakened. She required much prompting before she could tell where she lived, and made several errors, which, however, she corrected herself, in giving me the names of her children.

Perhaps her memory for words was slightly impaired, but certainly there was no decided aphasia. She could, without much difficulty, give the names of all articles I mentioned to her, and she exhibited no other evidence of defective articulation than that due to paresis of the tongue.

She slept badly, often awoke startled and was pacified with difficulty.

The hallucinations to which I have referred were not fixed. Those of hearing consisted of human voices telling her how the "Frenchmen" were going to proceed against her, and of the "Frenchmen" themselves abusing and threatening her. Those of sight were of entirely different objects, for, strange to say, she never saw the "Frenchmen." They consisted generally of apparitions of friends who had long been dead, and were most frequent in the afternoon and evening.

When I add that her appetite was bad, that her bowels were constipated, that the urine contained a large excess of urates without other abnormality, that the pulse was slow and feeble, and that the animal temperature was, in the axilla and under the tongue, never above 96° F., and often half a degree below this, I have given as full an account of the symptoms as is necessary for a full understanding of the case.

In regard to the connection of the phenomena with the morbid anatomical condition to which reference has been made two views have been expressed.

Dr. Ord regards the symptoms as being directly due to the fact that the peripheral terminations of the nerves are so surrounded and compressed by the mucoid

tissue deposited about them that they are prevented receiving impressions in their full force, and that, hence, the central organs of the nervous system act less energetically than when excitations reach them in full force.

That this view may be correct is, I think, exceedingly probable, but the symptoms cannot all be accounted for in that way. It certainly will not explain the occurrence of hallucinations and delusions, or the periods of maniacal excitement which have been observed in some cases. It is true, as Dr. Savage admits, that delusions have been ascribed to the annihilation or reduction of peripheral sensations, and it is equally true that the blind may have hallucinations of sight, or the deaf hallucinations of hearing, but in all such cases, as well as in those of general paralytic insanity in which anesthesia is present, there is ample reason for believing in the existence of central disease.

I must, therefore, agree with Dr. Savage in the opinion, that the mental symptoms are the result of primary brain disease, probably to the deposit of the mucoid tissue around the cells of the nervous centres. In the case which I have had the opportunity of studying, there were symptoms of intellectual derangement before any swelling of the body or limbs were observed, and before any sensory disturbances occurred.

In the cases in which *post mortem* examinations were made (those of Dr. Ord) the mucoid deposit was found in abundance throughout the brain as well as in almost every other part of the body, so that there is no improbability in the suggestion that the morbid process may begin there.

At the same time, the padding to which the nerves are subjected must certainly interfere with their healthy functioning, and hence I think it quite reasonable to hold the view, as I do, that the phenomena of Myxœdema are the result both of central and peripheral disturbances.

NEW YORK, 43 West 54th street.

HISTORICAL RESEARCHES ON SYPHILIS AND ITS TREAT- MENT.

BY FELIX FERRIERE, M. D.

Paulo majora canimus.—Virgil.

At the close of the fifteenth and the beginning of the sixteenth centuries, Europe was suddenly afflicted with a loathsome disease, which invaded simultaneously its different countries. Yet this disease had no technical name, and remained without one for many years after its appearance.

Fernel, the modern Galen, physician to Henry II, and teacher of Vesalius, established it as a morbid entity. He also pointed out the difference of its virus from that of malaria by these words: "*Non nisi in apertam nudam que partem invadit*," but when he tried to classify it under the name of "*lues venerea*," it was to no purpose.

At last, in the year 1680, the learned Fracastor, of Verona, a contemporary of Fernel, published an elegant Latin poem, entitled "Syphilis," and had the glory to baptize, with this name, the dreadful scourge which, up to that date, like a new Proteus, had evaded all appellations. Scalliger, from this poem, conceived so high an opinion of Fracastor's talent, that he composed a poem in his honor; and Pope Paul III admired him so much as to call him from Padua and appoint him physician to himself and to the Council of Trent, held in 1547.

We always thought Paul III to have been a wise and provident man. Not so much because he approved the newly-formed order of the Jesuits; excommunicated Henry VIII, of England; sent about twelve thousand troops to fight for Charles V against the Protestant princes of Germany; protested against the interim treaty of peace which Charles V granted to the Protestants in 1547; obtained for his grandson, Ottavio Farnese, the hand of Margaret, a daughter of the emperor; no,

not so much for all these, but simply because he hastened to secure the services of the eminent syphilographer, Fracastor, at such a juncture.

But, strange to say, of all the diseases enumerated in nosology, there is certainly none whose origin has caused so much diversity of opinion as syphilis. There are some who trace it up to a spontaneous development through "*constitutio aeris*," and will quote Hippocrates and Galen to prove their theory. In fact, these last-named authors speak of sores, ulcerations and running from the genitals coinciding with certain southern winds, in marshy grounds. Furthermore, in our modern times, Witzmann has asserted that syphilis may be generated spontaneously, and Eisenmann confirms the assertion. But in mentioning this last opinion, we cannot help thinking, like Bethencourt, a French physician of the sixteenth century, that the spontaneous appearance of syphilis in *pious* persons must be *piously* believed: "*pîe credendum est*."

Not satisfied with such a theory, Gonzalvo Ferdinand d'Oviedo, a commercial intendant in the New World, under Charles V, and author of "History of the Eastern Indies," printed in 1545, was the first to make syphilis originate in America. According to him, the soldiers of Columbus, on their return from St. Domingo, enrolled under the banner of Gonzalvo of Cordova, and were sent to Naples, where they communicated the disease to the French and the Neapolitans, whereby it spread all over Europe.

Unfortunately for the correctness of this statement, we have a letter from Anghiera, dated Iaén, nones of April, 1488, which mentions syphilis as commencing to rage in Spain in that same year; that is to say, five years before the return of the Spanish fleet from America, in 1493, and seven years before its breaking out at Naples.

Now, if you ask, who is Anghiera? the historian, Prescott, will tell you, Petrus

Martyr Anghiera, an Italian scholar, statesman and historian, born at Arona, of a noble Milanese family, in 1453, went to Spain in 1488, and spent several years at the court of Ferdinand and Isabella, and was appointed a member of the council of the Indies. He died at Grenada in 1526, and left a valuable historical work, "*De rebus Aceanicis et Orbe Novo Decades*," and some letters. This did not prevent, in the last century, the celebrated Astruc, a professor of medicine in the French royal college, and consulting physician to the king, from following the opinion of d'Oviedo, and to prop it up in his famous book, "*De Morbis Venereis*," with the aid of many learned researches. Every one believed Astruc until Sanchez, a Portuguese physician, who had studied at Leyden under Boerhaave, and had subsequently become physician to the empress of Russia in 1731, attacked and upset the theory.

Ten years later, Hensler successfully continued the attack, and, finally, Jourdan demonstrated the antiquity of syphilis, against the then prevalent opinions to the contrary.

We take side with these last-named syphilographers, and will submit some of the few reasons upon which we have, for a long time, based our conviction: The main point, why the existence of syphilis prior to the year 1493 has been so tenaciously denied, is because in no work of the Greek and Latin writers is any mention made of a constitutional disease resulting from a local affection of the genitals. But, because those Greek and Latin writers failed to trace up to a local sore upon the genitals, those dreadful constitutional affections so numerous in their works, should we deny the possibility and the reality of such constitutional disease before the year 1493? Their little knowledge of etiology, and their careless attention to contagious diseases would easily explain such an oversight, besides, we are now certain that some ulcers of the genitals are contagious and

will contaminate the whole system; and by analogy, we may surely conclude that the same ulcers were formerly contagious as they now are, and engendered the same train of affections noticed in syphilitic patients. And when we assert that the ancient writers had no knowledge of the doctrine of contagion; and when we honor Fracastor with the authorship of that doctrine, we ought, however, not to forget that, outside of venereal diseases, contagiousness had already been pointed out. Pliny speaks of "*contagium pestilentiae* and *contagium lichenis*," and Columella (*De re Rusticâ*) says: "*Est etiam sacer ignis quam pustulam vocant, quæ gregem contagione prosternit*," and Aretæus, the Cappadocian, explains the doctrine of contagion by a comparison with the first symptoms of poisoning.

After these explanatory premises, we will come directly to syphilis as mentioned by the old writers; but first let us quote the learned Rosenbaum:

"For us," says he, "the question is settled, when laymen and a physician like Galen bring in the uncontestable proof that some of these venereal affections were produced by sexual connection; for, if any of the same *excrecentia* were found in the parts used by the *pathici*, from their unnatural connection, the same *excrecentia*, when found on the genitals, must have had their origin from a natural connection; inasmuch as Galen was told by his patients, that the women they had slept with suffered from gonorrhœa."

These primary forms of syphilis developed into the secondary, as it is easy to conclude from the sores on the nose and mouth of the same persons, thus primarily affected, for it would be unreasonable to believe that every sore mouth has been used as the *fellatores* did towards the *irrumatores*, and was the fruit of a mere contact and not the product of a constitutional affection.

Cælius Aurelianus, the too much forgot

ten precursor of De Haen, Pinel and Esquirol, recommends for those venereal ulcers of the nose, the use of a rhinencytes; and Galen says that patients affected in this last manner had a monkey-like face. Now let it be denied that there were some beautifully illustrated samples of syphilis before the year 1493.

For the tertiary stage, we will mention with Galen, besides those hideous ulcers, the *dolores osteocopi*, first observed by Archigenes.

I will pass over the extracts made by Ætius in his *Tetrabiblia*, from the lost books of Leonides, in the second century, where he describes ulcers of the foreskin, running of the urethra, warts and buboes. Neither will I dwell too long on the chancres, pustules and condylomata of the genitals, mentioned by Oribasius in his fiftieth book of *Collecta Medicinalia*.

Abul-Kasim, in the twelfth century, is no less explicit about chancres, condylomata, etc.

Saliceto, an Italian author and teacher of Lanfranchi, in the thirteenth century, writes these words: "*Quum accidit homini in virgâ corruptio, propter concubitum cum fœdâ muliere.*"

John Ardern, an English physician of the fourteenth century, speaks of a certain burning urine, caused by inflammation and ulceration of the urethra.

Finally, Actuarius, a Greek physician of Constantinople in the thirteenth century, describes the chancre and its development as well as we can portray them in our day.

But this is not all. Syphilis is older than the Christian era, if we may judge from what Herodotus writes and relates, some five hundred years before Christ: "The Celestial Venus inflicted on the Scythians who robbed her temple at Ascalon, and on all their posterity, a female disease, so that the Scythians confess that they are afflicted with it on this account; and those who visit Scythia may see in what state they are." (Herod. I, 105.)

From the times of Hippocrates, who mistook this Scythian disease for impotency (*quandoque bonus dormitat Homerus*) almost every syphilographer or commentator has followed the old man of Cos, like so many sheep of Panurge. There are some, indeed, who took that female disease for pæderasty (*risum teneatis, amici!*).

As for us, we confess not to have found anywhere else, a stronger and older proof of the antiquity of constitutional syphilis. The words, "and their posterity," etc., speak for themselves, and peremptorily refute the interpretation of impotency. Of course, we will not take side for the veracity of the cause, when ascribed to the Celestial Venus. We know too well and too long what to think of a "*Deus ex machinâ.*"

Giovanni Filippo Ingrassia, an eminent Sicilian physician of the sixteenth century, and surnamed the Sicilian Hippocrates for having checked the ravages of the plague at Palermo, was chosen by Philip II of Spain, first physician of Sicily. He is the first who ventured the hypothesis that syphilis was nothing but a degeneration of leprosy. Therefore, our modern pathologists are wrong when they serve us with such a theory as a modern one. We may think about that subject what we like, but we cannot help, from the above recital, to be fully convinced of the priority of syphilis in regard to leprosy. And let us here confess our inability to explain, with satisfaction, the appearance of that sudden syphilitic epidemic in the sixteenth century. It remains, and probably will remain, an eternal mystery as to its cause, unless we simply admit that the same unknown natural laws which generate the different kinds of plagues (frambœsia) and make them endemic in certain localities, will sometimes cause a disease, say syphilis, to rise and prevail epidemically through "*constitutio aeris.*"

And now we have come to the history of its treatment. Opporinus, (De Vita et Moribus Paracelsi), that faithful disciple of Paracelsus, relates terrible stories of his

eccentric master. "Paracelsus," he says, "used to get up at night and, although very drunk, dictated for me to write some passages of his philosophy. He whirled around a large sabre, that he boasted to have purchased from the executioner, and used to strike the walls of the room with it." Now, to be sure, this is a frightful picture, but let us not be alarmed at it, nor be overawed by the long and bombastic trail of names which Paracelsus drags after him, such as, Philippus Aureolus Theophrastus Bombastus von Hohenheim! The eccentricities of that strange and noted man have nothing to do with his real merits.

By common consent, Paracelsus was the first who dared to use and prescribe mercury internally for the cure of syphilis, a mineral which he considered as the true and only specific for it. The learned physician and botanist, Mattioli, in the sixteenth century, had indeed prescribed it before, but as a cathartic only. The Arabs had used it as an ointment in skin diseases; Jean de Vigo and others had done the same in syphilis; while Paracelsus administered it from the first, as we now do, for its alterative efficacy, and internally to the exclusion of its cathartic powers.

We have, to be sure, improved the preparations and doses of mercury, but we have been unable to replace it by a better specific, therefore, let it be acknowledged that Paracelsus introduced mercury in the right time and prescribed it internally, as an alterative, for the proper disease.

St. Louis, 212 Walnut street.

TREATMENT OF PERTUSSIS.

BY E. J. BEAL, M. D.

The treatment of pertussis being usually so unsatisfactory in the eyes of the laity, very many of the cases of any given epidemic are consigned to a do-nothing treatment, or to a very imperfect trial of any treatment suggested by a family physician.

The standard treatment of the books in

the majority of instances, disappoints the prescriber and disgusts the parent, and if the good result of treatment is to be sought in modifying the course of an attack, it is difficult indeed to determine when that end has been obtained. It is difficult, in country practice, to carry out treatment by spraying apparatus, from which, and the remedy suggested, such quick relief has been secured, or, at least, so say the journals.

As meeting the objections adverted to, I have, in a few instances, followed the plan herein mentioned, and though the cases are too few to determine whether the result was a *post* or *propter hoc*, it is presented for further trial by any one so disposed, with the hope that results, if corroborative of my limited experience, will be given to the profession.

Three or four thicknesses of white flannel, four by four inches, are quilted together and suspended by tape around the neck of the little sufferer, like a necklace. The pad so formed is to be saturated three or four times daily with the following mixture, and to be worn night and day. When the child sleeps, the pad to be placed in close proximity to the respiratory outlets.

R Ol. sassafrac..... 3iii;
Ol. terebinth..... 3iv;
Fl. ext. belladon..... 3ss;
Pheul sodique..... ʒiv.

If it is apprehended that the little sufferer will place the pad in the mouth, it would likely be well to be guarded in not exceeding the amount of belladonna suggested.

I suggested, a few days ago, the above for the four-month-old babe of Mr. Taylor, of this city. Two days afterward I happened to see the child when making a visit to the lady with whom Mr. T. was boarding, and noticing that the babe cried lustily without the induction of a paroxysm of cough, I called Mrs. Taylor's attention to the fact, she exclaimed, "Oh, Doctor, the baby hardly coughs at all since I have used the pad!"

A short while prior to seeing the case mentioned, I was called upon to prescribe for the three-years-old child of Mr. Mellikan, business manager of one of our local papers. I gave the same prescription, and several weeks afterward, meeting Mr. M., upon inquiry, was informed that the little girl had not coughed after the wearing of the pad.

The first case in which I used the above treatment was at my own house two years ago. I had three children with whooping-cough, aged respectfully five months, two and five years. For the youngest I used the pad, the older children were treated with pot. bromid., ammono. bromid., fluid extract belladonna and syrup. pruni virg. The babe's case was much milder than were those of the older children.

FORT WORTH, Texas.

Clinical Reports.

CASE OF FIBRO-CYSTIC UTERINE TUMOR.

Removal, Including Uterus, Broad Ligaments and Fallopian Tubes, by Drs. Mendenhall and Haughton.

REPORTED BY R. E. HAUGHTON, M. D.

Prof. of Operative and Clinical Surgery, Central College Physicians and Surgeons, Indianapolis, Ind.

Mrs. B., in the summer of 1876, came to consult Dr. Mendenhall, at our office in Indianapolis. Dr. M. invited me to examine her with a view to perfect a diagnosis and operate if it was deemed advisable. She had been examined by other physicians who believed she had an ovarian tumor. She was anxious to have it removed, if possible. Her health was gradually failing; the tumor, from its size, was burdensome, and by its pressure was interfering with other organs. After a careful examination and consultation based upon it, we believed she had a multilocular ovarian tumor, and saw no reason to prevent an effort at removal, as her declining health made such a view the only one open to her.

We could not, by any means of exploration, determine the position and relations of the uterus to the tumor, except it seemed upwards and backwards, and obscured by the lifting up of the organ. She had not menstruated for a considerable period of time, being but thirty-seven years of age, the reason of which will appear in the sequel. She and her husband were fully advised as to its probable nature, and that it might be removed, the dangers being fully stated. They went home, living nine miles from Terre Haute, near Staunton, Ind., saying they would decide what they would do and notify us if removal was their choice. We were notified by letter to go to their home and perform the operation, which we did, Dr. Maxey and his partner, of Staunton, and some friends being present. The operation was neatly performed, by the usual incision, having made the minor one for exploration, and enlarging it as we went on. We found quite general adhesions to viscera and walls of abdomen which were readily detached by the hand. We found a polycystic tumor, or fibro-cystic, arising from the lower portion of neck and body of the uterus, and enclosing it so completely that there was but a trace of the organ remaining, it being atrophied by pressure from every side, so that the canal of the neck and body could be traced with a mere outline of wall or uterine structure from an eighth to one quarter of an inch in thickness. Some hemorrhage arose from breaking up adhesions. The tumor, including the trace of the uterus and its appendages, save the ovaries, was embraced by the ecraseur and gradually constricted, so that we might arrest the hemorrhage, which was moderate, and enable us to introduce such ligatures as were necessary. We passed a strong ligature below the ecraseur and, when fully tightened, arrested all hemorrhage, and then removed the central growth from its attachments. Some smaller vessels continued to bleed slowly from surfaces which had been adherent, but were arrested, and the abdominal wound approximated neatly with compress and bandage, and the woman placed in bed without material depression, more than is observed in capital operations. She rallied from this during the day, and in the afternoon was comfortable and continued so till the morning of the second day. She showed signs of failure; pulse more feeble, paleness of surface, sighing respiration,

restlessness, death closing upon her on the third day.

The operation was made in a room which had been warmed to about 70° and precaution used in all the proceedings to secure the best possible conditions.

I think she died from the exhaustion consequent on so grave an operation.

I report this case for several reasons: First, because the conditions required a removal of the uterus and appendages. Second, the nature of the tumor, being a fibro-cystic tumor—polycystic in character and not an ovarian tumor, though resembling one.

One difference in the development of an ovarian tumor, which is not so easily determined, is this, viz: That an ovarian tumor usually begins to grow from one side of the abdomen, developing upwards and inwards, as represented by Simpson and others. This must have begun in the center about the neck or lower segment of the uterus and developed in every direction. The cysts were of various sizes, from that of a small orange up to that of a child's head of six months. Entire weight of growth, including uterus, forty-five pounds.

Thirdly, it was a fatal case, and these are not always reported.

Fourthly, it is an unusual case, in this, that the uterus was surrounded by a mass of tumors which had caused its atrophy to a trace, destroying its structure and function, so that for a long period no menstruation had taken place.

February, 1861, Dr. Choppin removed the uterus entire, with one ovary and Fallopian tube entire and a portion of the other tube, leaving the second ovary, the woman recovering, being up after the third day.—*New Orleans Med. News*, Feb. '61.

In the *American Journal of Obstetrics*, is a case described by Dr. W. A. Freund, of Breslau, of cancer of the uterus, in which the organ was entirely removed, by what he calls a new method, which he describes. The operation made in this case was after a similar method. The author of this case,

Dr. Freund, as stated by the editor, Dr. Mundé, has, June 8, in the *Centralbl. f. Gynak*, vol. 2, published the details of a case and its after treatment, with the additional information of having performed the operation five times and cured three patients. It is probable that many more cases may have been reported in the journal literature of the professional world. Yet we think the gravity of the operation and peculiarities presented in the case, which could not be absolutely predetermined, justify a report of it, and suggest to our mind the necessity there is of determining, so far as surgical art and skill can, the actual condition present, and if this *can not be done*, as we now know from various writers, then the question arises, shall the surgeon make an operation of exploration, and subject the patient to many of the dangers of the completed operation. *Yes!* In a certain per cent. of cases, in this first exploration, death comes inevitably, and if the patient and her friends desire an operation, after having been fully informed of its dangers, it is their privilege, and we have no right to refuse the resources of our art to such as prefer it to the protracted suffering induced by such tumors.

INDIANAPOLIS, Ind.

DISPENSARY OF THE ST. LOUIS
COLLEGE OF PHYSICIANS
AND SURGEONS.

Surg. Clinic of Prof. Louis Bauer, M. D.

REPORTED BY J. T. LAREW, M. D.

SARCOMATOUS POLYPUS OF THE RIGHT NASAL
CAVITY—REMOVAL BY EXCISION.

A farmer from Illinois presented himself, suffering from a tumor in the right nasal cavity. It filled nearly the entire space, impeding respiration and obstructing the lachrymal canal; gave rise to a free serous discharge and continuous pain; the latter became so intense at times as to seriously

interfere with rest and appetite, due evidently to pressure upon adjacent nerves.

The tumor was slightly elastic and very vascular, and in its growth had pressed the septum to the left side, materially interfering with the symmetry of the nose. Although the patient had felt some symptoms of this tumor for several years, it was only during the last year that they took definite form and gave him serious trouble. Several attempts at removal with forceps had been made during the last three months, but without success, causing much pain and loss of blood.

Professor Bauer first attempted its removal with the galvano-cautery, but failing in that, he performed the following operation:

A longitudinal incision was made near the median line from the anterior nares upward about one inch and a half, laying the cavity open and giving free access to the tumor. The pedicle, which was found attached to the superior turbinated bone, was divided with a pair of flat curved scissors and the tumor removed. After its removal a large cavity remained. The two lower turbinated bones had been flattened and pressed against the outer wall, the opening into the antrum of Highmore was large enough to admit the finger, which also could be passed nearly up to the cribriform plate of the ethmoid bone, showing a compression of the ethmoid cells. All remaining diseased tissue was scraped away with the rasorium and the hemorrhage arrested by tamponing the cavity. The wound was afterwards closed with the figure-of-eight suture. Two weeks later the patient was doing well and gave no signs of recurrence of the tumor.

The tumor had the size and form of a hen's egg and, under the microscope, disclosed the structural character of sarcoma. The spindle-shaped and round cells were in abundance, the latter collected in groups, which fact is said to justify a more favorable prognosis.

SARCOMA OF THE ABDOMINAL WALL—REMOVED BY EXCISION.

Drs. Bosse, of this city, submitted the case of a German woman for examination by Prof. Bauer, at the clinic. The patient was thirty years old, reduced in weight, and for years had suffered from a tumor growing in the abdominal wall. It had been removed several times, but after each operation had speedily returned, and at the time of examination was larger than ever before. This tumor was located below the umbilicus and to the right of the median line, covered a space of about three inches in diameter and projected at least an inch above the surrounding structures. Its surface was lobulated, ulcerated, bled profusely at the least provocation and emitted a very offensive odor.

There was no evidence of infection in the neighboring lymphatic glands. The tumor was considered a sarcoma and its removal determined upon, notwithstanding the ill success that had attended the previous operations. It was further determined that the removal should be thorough, including not only all diseased tissue, but the subjacent fascial structure upon which sarcomatous tumors usually grow. The operation was performed according to this plan by Prof. Bauer, assisted by Drs. Bosse.

The tumor was removed *en masse* by two semi-circular incisions, and the sheath of the rectus muscle and other fascial structure carefully dissected up from the entire surface exposed, and as a further means of precaution the more suspicious parts were cauterized with the galvano-cautery. The peritoneal cavity was unavoidably opened at one point, but promptly closed with sutures. No attempt was made to approximate the edges of the wound, as it was deemed best to procure a thick, dense cicatrix as a preventive against ventral hernia.

The first dressing consisted of cotton batting held in place with flannel bandages. The subsequent treatment was directed by Dr. Bosse, Sr.

The wound is now in a healthy granulating condition, and gives no evidence of a recurrence of the tumor.

The case of keloid (*Vide* Vol. VI, No. 9) is thus far entirely relieved. The wound has been healed for several months, presenting a healthy scar, and not the remotest sign of a return of the previous trouble.

Translations.

PASTEUR'S NEW RESEARCHES.

Chicken Cholera—Vaccination—The Sleepy Disease—Furuncles and Puerperal Fever.

(Translated for the Clinical Record.)

Pasteur's works have begun to leave the domain of animal experimentation to reach human pathology, and if he has not yet attained certainty in the conclusions to be drawn therefrom, yet we may say nevertheless, that here are horizons altogether new opened to general pathology. Again and again, for a month past, he has filled the meetings of the Academy. He has given the chief interest to the meetings. If sometimes he goes a little out of the way of medicine, strictly speaking, it matters very little. As regards details, it should not be forgotten that he is not a physician. We are of those who think, that in place of criticizing him for some erroneous medical terms, we should rather marvel to see a stranger to medical science direct his course so easily through the mazes of general pathology and with so few accidents.

Returning to the study of chicken cholera, Pasteur has explained how, with a virus weakened by certain processes, which he still keeps secret, he produces a true vaccination against the cholera of fowls, which, inoculated upon unaffected birds, only renders them slightly sick and preserves them from all possibility of contracting this disease either by inoculation or di-

rect contagion. The economy of the fowl becomes exhausted, sterile, so far as the cholera organism is concerned. It seems that the microbion has consumed, in the economy of this fowl, everything that was suitable for its sustenance. Something analogous, also, seems to occur in the experimental vase, for if the chicken soup in which the paracite has fully developed be filtered, it is proved that the liquid is no longer suited to the development of the paracite, which has, doubtless, consumed everything in it which might give it nourishment.

Something has been produced in this liquid, for if it be filtered, freed from the paracites developed in it, and concentrated before injecting a fowl with it, the latter contracts no cholera from the injection, but it will be taken for some hours with sleepiness analogous to that which characterizes the cholera, then it awakes without further ill effects. Pasteur thinks that, during the development of the microbion, there is formed a narcotic or stupefying agent which produces this symptom so pronounced in chicken cholera. He also thinks that death is due to the want of oxygen on the part of the air-consuming (*aérobie*) microbion which take it from the blood globules and determine a true asphyxia.

A naval physician, M. Talmy, guided by this theory of somnolence, has thought of establishing a relation between "the sleepy disease" and the development in man of the paracite of chicken cholera.

The sleepy disease observed among the Negroes, of the African coast, is characterized by a single symptom, irresistible sleep, invariably terminating in death. In a certain number of cases swelling of the glands of the neck is observed, and these are extirpated to cure the disease, which is habitually of long duration—several months, sometimes more than a year.

In a note to the Academy of Sciences, M. Talmy recalls the fact that, according to Dr. Corre's observations, it is not un-

common, in Senegambia, to see farm-yard animals die in convulsions, and that there even the sleepy disease is attributed to the patients having eaten of big-necked chickens or of fish having swollen gills. The question arises, if the sleepy disease is not an infectious malady due to ingestion of infected food consisting in part of the imperfectly cooked flesh of infected fowls? This connection is legitimate, no doubt, but it only serves to open the way to new researches.*

In a second communication, Pasteur has carried his experiments into the territory of human pathology, by the extension of his germ theory to the etiology of some common diseases. He has taken pus from unopened furuncles and has always found a paracite in their interior, which he has cultivated like the other organisms. By inoculating Guinea pigs with these he has produced local abscesses. He thinks that if the blood of a man affected with the furunculous diathesis should be studied sufficiently the paracite would always be found therein, but it probably exists in the blood in small numbers, hence a great number of specimens would have to be examined before finding it. He has found an organism in every way similar in the pus of an abscess in osteomyelitis.

Concerning puerperal fever, Pasteur has found a microscopic organism in the lochia of women affected with this disease. These organisms are not found in the blood during the first days of the disease, but they are met with there shortly before death. This organism, cultivated and inoculated upon animals, proved pyogenic to an extreme degree. In puerperal women, in fatal diseases, Pasteur has met with another embryo. In a series of cases he has sought to determine the part taken by each of these in the disease and in the death. The ute-

rine mucous membrane is a soil always ready for the sowing of these germs which are to be found everywhere, even in ordinary water.

He has made a remarkable observation upon the lochial discharges of a woman upon whom Dr. Lucas-Championnière had performed embryotomy under exceptionally grave circumstances. She offered no form of organisms, hence she recovered rapidly without accident. In concluding he warmly commended the use of boracic acid as an excellent antiseptic.

Pasteur's third paper was certain to raise a breeze in the Academy. M. Broca, with regard to the report on vaccination, cited a series of facts tending to show that the aptitude to contract small-pox decreased in populations among which vaccination is in use. The change in organic susceptibility is transmitted in a certain degree to the progeny.

Pasteur proposed to study an analogous fact in chicken cholera, as he is able to observe to what degree the susceptibility to contract cholera is retained in a succession of generations. He added that he hoped to see the beginning of a scientific demonstration of the identity of vaccinia and variola, which has been so much discussed. He thought that this fact in general pathology which permits the attenuation of a virus, making of it a preservative only, will give us an understanding of this attenuation of the variolous virus passing from man to animals.

M. Jules Guérin declared strongly that science had long ago declared that this identity was certainly established. M. Blot wished Pasteur had studied the old debates in the Academy and seen how this proof had been set forth, and finally, M. Depaul did not wish to hear about experiments and retorts; medicine finds sufficient in itself by clinical studies that are despised by some, and it is of no value to him, even if it be demonstrated that Pasteur's inoculated animals have really

*For a good account of the "Sleep-Disease," see Hammond's "Sleep and its Derangements," p. 289, Philadelphia, 1889.

chicken cholera and do not die of something else.

Pasteur has recommenced his demonstration on chicken cholera and has had no trouble in showing that his proofs are indisputable. In what concerns small-pox, he has merely wished to open the way, to show how a *demonstration* may be reached experimentally of the identity of variola with vaccinia, which he himself considers as probable, but which has not been heretofore shown so clearly as to prevent many authors from still combating its reality.

However brief our analysis may be, it will be seen that each new communication of Pasteur offers a wide field to practice. We are extremely anxious to point them out, while we are without power to sufficiently develop them, and attempt to give an idea of their high importance in pathology and therapeutics.—*Journal de Méd. et de Chir. pratiques*, June, 1880.

PRECOCIOUS SYPHILITIC NERVOUS AFFECTIONS.—(*Ibid.*) It is a generally received opinion that the most serious manifestations of syphilis, like those affecting the viscera, are always the result of an infection of remote date. Nevertheless, in a work on early syphilitic affections of the osseous system, M. Mauriac has already set himself against this idea and has proved clinically that the infection of the economy by the morbid poison is general and simultaneous from the very outset of the constitutional disease; the same demonstration has been given by the learned physician of the hospital du Midi relative to the precocious determinations of syphilis towards the nervous centers.

M. Mauriac calls all these cerebro-spinal syphiloses *precocious* which are developed during the virulent period of the disease—during the first two or three years. Now, statistics show that these symptoms may occur very frequently in the first year following infection, sometimes even in the

first month. This complication appears to be even more frequent in this first period than in the two following years. Thus, among one hundred and sixty-eight cerebro-spinal syphiloses, taken by chance, there were only thirty-two of them in the second and third years inclusive, while from the second to the twelfth month fifty-three of them were developed. The other cases were distributed between four and forty-eight years.

As regards the etiology, nothing has been noticed which could cause one to suppose that the syphilis was to act upon the nervous system; we have even been struck in many of these cases with the benign character of the primitive symptoms. But M. Mauriac insists upon this point, that persistent and prolonged headaches and sleeplessness, added to sudden and pronounced enfeeblement of the memory, as well as a diminution or complete loss of sexual power, are symptoms which certainly denote that the nervous centers, and particularly the brain, are the seats of grave morbid processes.

These early determinations towards the nervous centers are fully as formidable as those which belong to the most remote stages of the disease; they are presented under very numerous aspects, but, nevertheless, there are certain symptomatic categories which seem to predominate. Most frequently they consist of an attack of hemiplegia comprising an entire half of the body, especially right hemiplegia with aphasia; this predominance is such that we may say, that among individuals whose nervous centers are to be attacked by recent syphilis, hemiplegia, with or without aphasia, is most to be feared. Aside from these forms are to be observed the convulsive or epileptic variety, partial paralysis, etc.; but in all these cases the special point to note is, that the psychical disturbances and incoördination of movement are never systematized as in insanity, general paresis and locomotor ataxy, and that this absence

of systematization has great importance in a diagnostic point of view.

Those morbid determinations, localized in the brain or cord, the latter of which is much more uncommon, appear to be due to two different kinds of lesions which it will be useful to be able to discriminate in relation to the prognosis: these are, on the one side, syphilitic changes in the arteries which lead to disturbances in the circulation and eventually to softening; on the other hand, to gummy products situated in the meninges or to neuralgia. In the first-named lesions treatment has little or no effect, while in the second, on the contrary, much effect may be expected. However this may be, M. Mauriac advises that, as soon as we perceive in a syphilitic case the first appearance of any one of the prodromata which indicate the invasion of nervous symptoms at any period of the disease, we should make all haste to prevent and oppose the tendency. The iodide of potassium should be given immediately in high doses. If the patient is already using it, the quantity should be increased.

This medicament, so precious in the treatment of syphilis and so efficacious against a great number of its manifestations, does not always produce the marvelous results expected of it when we have to deal with cerebro-spinal syphiloses.

The same may be said of mercury, but as it is indisputable that mercurial preparations have produced marked amelioration and even cure in many cases, it is useful to employ it in conjunction with the iodide.

To act with the utmost rapidity upon the syphilitic lesions in those cases in which it is of the highest importance to effect their removal, we have recourse to inunctions.

The iodide in large doses and mercurial inunctions are, then, the two most active agents in the treatment of the cerebro-spinal syphiloses. But it is not necessary to keep up the administration for too long a time continuously. It is better to interrupt the treatment at intervals of fifteen or

twenty days, to be resumed after a time. This method, which allows the organism time to rest and prevents tolerance, appears to give better results than the contrary method. After all, general rules are not sufficient, circumstances should govern the physician in each case. The treatment of early cerebro-spinal syphilitic manifestations is the same as that for those which appear later.

The age of these affections is the source of no special indication; as the early are as dangerous as the later symptoms, the treatment should be not less powerful nor less in duration.

Correspondence.

THE AMERICAN MEDICAL ASSOCIATION.

The New York meeting of the American Medical Association is a thing of the past. Few outside of New York would imagine how little the profession of the city seemed to appreciate the importance of this gathering. But it is nevertheless true that the vast majority of our colleagues scarcely gave it a thought; that a minority only attended the social gatherings incident to the session, and that their attendance at the sections was limited almost entirely to the readers of papers or their friends and opponents who had been drummed up to take part in the discussions.

The reason for this indifference seems to me to be a three-fold one: Firstly, the status of the American Medical Association is not sufficiently high to call for the same respect which is accorded to that corresponding body, the British Medical Association. Secondly, the officers and committee members selected for this particular session were not, with very few exceptions, representative members of the profession. The name of a Thomas was coupled with that of a life-insurance doctor, whose

greatest literary achievement is entitled "Postural Cure for Sterility," and a fit subject for the consideration of your former subscriber at Nokomis, Illinois. The Podunk University was also rather obtrusively represented. The third reason is no doubt to be sought for in the bad arrangement of the sections. We are not sufficiently well versed in the inside political mechanism to determine who is responsible for this work. It certainly looks to us as if it revealed the skilled hand of the Permanent Secretary, the gifted author of that *nonpareil* volume, "Lives of the Medical Men of America."

The Association was called to order at eleven o'clock A. M. on June 1st, in the hall of the Young Men's Christian Association. It was opened with the inevitable prayer, and then Dr. T. Gaillard Thomas welcomed the delegates on behalf of the physicians of New York City. The Secretary, after reading the registered names of delegates and members, noted protests entered against the delegates from certain counties and the United States Navy. These were reported on, the following day, by the Judicial Council.

Then followed the President's address, delivered by Lewis A. Sayre, M. D., of New York. The principle point in this address was, that, whereas, in times of yore the members of the profession had been always fighting, abusing and robbing each other, now everything went on smoothly. At these words significant glances were exchanged among those of the members who were familiar with the true history of Sayre's hip-joint apparatus. The distinguished orthopaedist then enumerated the achievements of American medical science. A prominent place was given to Pallen as one of the chief contributors to ovariectomy, and, indeed, that very day the *ci-devant* representative of St. Louis illustrated this eminent position accorded to him by his friend Dr. Sayre. After modestly referring to his plaster jacket as the

culminating point of the contributions to science made by America, the President passed to the metric system, and concluded by suggesting that, in place of the bulky, tardy and little read volume of transactions, a weekly journal, analogous to the *British Medical Journal*, be edited by some person appointed by the Association. As the President, in making this excellent suggestion, stated that the editor should be a man of literary skill, scientific knowledge and journalistic experience, the eminent editor of the "Lives of American Medical Men" blushed smilingly at this palpable reference to himself.

A vote of thanks was tendered for this address, which was ordered for publication.

A long list of members by invitation was then read, and the establishment of a temporary section on diseases of children noted.

Dr. Samuel D. Gross moved that the Association tender to the President and his family their warmest sympathy in their sad bereavement by the death of Dr. Chas. H. H. Sayre, who died from secondary hemorrhage following a compound fracture of the femur produced through a fall into the area of the Gilsey House. The motion was adopted by a rising vote.

In a scarcely audible voice, Dr. E. Seguin's report on the metric system was read, and ordered to be printed.

The Prize Committee reported that no prize had been awarded. The Association then adjourned to meet in sections.

In the evening the members attended a reception given them by the Academy of Medicine in the Academy of Music. Nearly two thousand persons were present. On this occasion the dandies and flunkies of the Reception Committee shone in their full glory, but it did one's heart good to see the sour grin which these exquisites exhibited when some harmless delegate from the back-woods entered the floor with an umbrella and in mufti.

That afternoon began the work of the sections. It seems that some one had

written the names of the different divisions of medical science on the sides of dice cubes, then thrown these five times, and amalgamated the subjects coming uppermost on each throw into a section. Here is a list of these sections.

I. Section of Practice of Medicine, Materia Medica and Physiology.

II. Section of Surgery and Anatomy.

III. Section of Obstetrics and Diseases of Women and Children.

IV. Section of Ophthalmology, Otology and Laryngology.

V. Section on Medical Jurisprudence, Chemistry, Psychology, State Medicine and Public Hygiene(!!!).

There was tacked on an extra or temporary section on Diseases of Children.

Your correspondent has not in his experience heard papers so badly read and so indifferently discussed (with few exceptions) as were those presented at these various sections. This was evidently due to the fact that as over one hundred papers had been signalized, and the reading of each paper was necessarily limited to a fixed time, even good readers hurried through their reading in order to get their papers in and leave a margin for discussion. Another feature was painfully noticeable in one or two of the sections. It seemed as if all that was necessary to cut off discussion on deserving papers and to gain time for the extensive debating of less meritorious ones, was for the members of some clique to make a motion to that effect and it would be carried.

The meetings of the different sections took place in two buildings convenient to each other. One, the hall of the Young Men's Christian Association, the other, the College of Physicians and Surgeons, both occupying corners of Fourth avenue and Twenty-third street. Here might the visitor from afar off meet a Gross, Sands, Otis, Jacobi, Sayre, Thomas, Battey, Pancoast, Knapp, Pepper and Atlee (John) passing and repassing from one hall to the other.

On the street, those approaching these buildings were hailed by advertising agents, and in the vestibules, others, with stentorian lungs, were demonstrating the virtues of an operating chair or obstetrical bed to a crowd of admiring gentlemen from the ultra rural districts. On the third of June, your correspondent purchased, on the steps of the College building, a copy of the *Daily Graphic*, attracted by the announcement that it contained the "pictures of all the great medical men," and he was fully repaid. That Sayre, Thomas, and others of like celebrity, should be thus advertised, seemed perfectly proper, but immediately underneath the former was Pallen, the oophorectomist, in one corner, the dean of Podunk, underneath him, that truly great and good man, Atkinson, of Philadelphia, and so on.

The first paper read before the section on Practice was on the Classification of Remedies, by Wm. H. Thompson, of New York, who runs a Bible class on Sunday in the same hall where he read his paper on June 1st. It seems that the Doctor is able to make a better showing theologically than medically, for while he usually runs matters his own way at the Bible class meetings, he received a most crushing annihilation from Bartholow and Putnam-Jacobi with regard to his therapeutical propositions. In fact, there was little of the relator left after they had completed the sitting-down process. He richly deserved his fate, for his paper was nothing beyond an almost verbal repetition of one of his stalest lectures. Dr. O'Hara, of Philadelphia, next read a paper on a case of occlusion of one or more of the cerebral sinuses, the case recovering under anti-syphilitic treatment.

The following day Dr. Lynch, of Baltimore, delivered an address to the section, dealing chiefly with the subject of yellow fever, whose germs he thought could not be destroyed by cold, as illustrated by the case of the United States man of war, Plymouth. The third day was taken up by

a useless, vaguely theoretical paper on the electrical treatment of Graves' disease, by Dr. A. D. Rockwell. The wild and ambiguous discussion by Caldwell and Beard was properly neutralized by some very sound remarks of Dr. Mills, from Philadelphia.

Dr. J. Solis Cohen, of the latter city, described a new treatment of lung diseases by artificial inflation. It seems to be open to the same objections that similar appliances have met. Dr. Duncan Bulkley followed with a paper on the Use of Sulphur in Skin Disease; Dr. V. P. Gibney with another on the use of the strong galvanic current in sciatica, neither of which merits extended mention.

Dr. Turnbull took up the mooted question of Bromide of Ethyl, an anæsthetic which he was the first to introduce. The section adjourned after listening to a paper by Dr. Cutter, of Boston, in which the latter claimed that consumption was a systemic disease due to a blood infection.

The day previous several papers were read at the afternoon session, of which, with one exception, we could not obtain a report. Dr. H. P. Hopkins, of Buffalo, read a very elaborate paper on the sphygmogram, which was not discussed, although, if any paper deserved it this one did. It will be published in the transactions.

The first paper before the Section on Surgery was on spinal extension, by, Dr. Lee, who exhibited his apparatus for self-suspension. A general exodus took place at the conclusion of this paper when it was announced that Dr. Beard was to read a paper on phimosis as a cause of nervous symptoms. This utterly worthless production was more extensively discussed than any of the deserving papers of the session. Among the results of phimosis, Dr. B. mentioned morbid fears! And among equally remarkable statements, he mentioned, that in half of the adults there was either phimosis or redundant prepuce. Probably that half was represented among those who listened to his paper.

Dr. John T. Hodgen read a paper on section of the infraorbital and inferior dental nerve in neuralgia. There was nothing new in the paper, which was discussed by Wood, Pancoast and Gross. Dr. Campbell, of Georgia, made the very well-timed suggestion that, in many of the cases in which Meckel's ganglion was removed, the real disturbance was central, and could not, therefore, be eradicated by peripheral section. Dr. Stillman, of New Jersey, exhibited some newly-devised apparatus for weak ankles, whose chief point consisted in having the brace and shoe distinct, and the hinge at the heel.

Dr. Pancoast announced, as the title of his paper, "Considerations of the Etiology and Pathology of White Swelling, or Synovitis of the Joints in Regard to the Practice of Extension in Treatment." In reality, he floated wildly around in every field of surgery, treating of varicocele, sutures, amputations of the fingers, foreign bodies in the antrum of Highmore, urethrotomes, exsection of the hip and shoulder joint, tenotomy and osteitis. After having taken up the time of the section by this rigmarole and having it discussed in greater length than any of the meritorious papers before the section, Dr. Pancoast himself had the extreme modesty and tact to move that the discussion of his paper be resumed the following day. The following day this was not done, fortunately.

The members of the section being packed into a darkened room, like the victims of the Black Hole, in Calcutta, your correspondent, unable to endure the atmosphere, stood at the door and took down the titles of papers as they were announced. Dr. Otis opened with one on treatment of syphilis, which he read at a galloping rate, and in which there was not one new or original idea. Dr. Marcy read on Callus. At the conclusion of this paper, Dr. Sayre rose and reported that he had operated for hairlip on a child *four hours* old. Dr. Piffard read a paper on Lupus, also containing

nothing new. Dr. Martin, of Boston, then spoke on rubber bandages, and incidentally attacked Listerism, which found a warm defender in Nancrede, of Philadelphia.

Dr. Campbell, of Georgia, who, in previous discussions, had shown considerable good sense, had the forbearance, instead of reading his paper, to state its main points. His subject was, as far as could be judged from its abstract, ably dealt with. It was, "The Radical Cure of Inflammation by Ligature of the Afferent Vessels." He did not recommend it to prevent, but to check already established inflammation. Several papers were read by title or withdrawn, and one paper was read that had already been published, to our mind, a needless infliction.

In the Section on Obstetrics and Diseases of Children, Dr. J. Marion Sims read a paper on Battey's operation for epileptoid conditions. Some of the cases had died, two became insane, and others were stated to "bid fair to soon become better." That the operation for this indication was a gigantic delusion was evident to every clear-headed person in the room.

Dr. Montrose A. Pallen then reported on the case of Mary Ann Mullin, in which he bitterly attacked the papers which, influenced "by drunken and discharged nurses," had spread sensational rumors regarding this case. He did not undertake to make a single specific mention of any nurse's name that had been so discharged, and his own account of the operation was substantially like that given in the April issue of the RECORD. The gentleman who took the notes of the Section on Obstetrics for your correspondent (who expresses his indebtedness to several colleagues who assisted him in this way) informed him that the reader, getting off a string of long names, confusedly huddled together, such as trophic cells, reflex neuroses, sympathetic nerve action, ovarian cell action, et cetera, a rural gentleman by his side said, in open-mouthed admiration, "What a fine

paper that is!" to a neighbor, who, evidently from the same region, but less impressable, rejoined, "Do you understand it?" "No!" was the response. "Well, neither do I, nor does any one else in the room, not even excluding the reader himself," was the reply, which closed the conversation.

Dr. John T. Johnson, next day, read a paper on management of the third stage of abortion. The discussion was very interesting. Dr. Morris, of Baltimore, stated that, in the majority of cases, the placenta should be allowed to remain as long as no injurious effects were produced, nature being quite competent to manage affairs. He considered that the radical teachings, fashionable just now, with regard to retained placenta had the bad effect of inducing young members of the profession to become meddlesome obstetricians. Dr. Hubbard, of New York, agreed with him. It was his practice to leave a medicated tampon in the vagina. Dr. Marcy, of Massachusetts, opposed these views, advocating removal under all circumstances. Dr. Weeks answered the last speaker, that it was next to impossible to remove the placenta before it had become detached. Dr. Hanks supported the view of Dr. Marcy.

Dr. Isaac E. Taylor read a paper on a case of Laparotomy, in which a full term uterus had been removed, the patient dying from a complication the twenty-seventh day.

Dr. T. Gaillard Thomas read a paper on removal of the uterus for tumors of that organ.

The chief paper of the last day was on the treatment of uterine fibroids with clay, by Dr. Addinell Hewson, of Philadelphia. The clay is put on moist, a quarter of an inch thick, surrounding the abdomen and back, this is covered by cotton batting and secured by a many-tailed bandage. The pain was relieved in all cases, and the abdomen notably diminished in size, in one case by one-half, after three weeks' treatment. He employed the finest yellow Phil-

adelphia clay, and supposed that the effect was chemical.

Dr. Battey reported a case of resuscitation of a still-birth after two hours and five minutes.

A fine dermoid cyst, with perfect skin and a series of teeth implanted in a sort of jaw bone, was presented on behalf of Dr. Thomas by Dr. Palmer.

Dr. Beverley Cole exhibited some excellently contrived sponge tents. Dr. Pallen relieved himself of the statement that sponge tents were the worst things in gynecological practice. That the section should adjourn shortly after this statement was not very remarkable.

We regret being unable to give a report of the other sections. Among the miscellaneous matters transacted by the Association in general session, the following may be of interest: Four prizes are offered of two hundred and fifty dollars each for the best essay on a subject coming under the head of the four principal sections, the subjects to be announced by a committee.

Of the nine excellent propositions suggested by Dr. Chaillé, last year, only one was reported on favorably by the ring, and that one relating to the publication of a weekly organ, in such a luke-warm way that it is evident nothing will come of it.

A permanent section on diseases of children was provided for.

The protest against the admission of the delegates from the Hannibal Medical Society, of Missouri, was sustained, because that body was not in affiliation with its own State society.

A committee on the metric system was appointed to confer with a corresponding committee of the British Medical Association. Its members are Parvin, E. Seguin, Wigglesworth and Weist.

The following are the officers for the next year: President, John T. Hodgen, of St. Louis, Mo.; First Vice-President, W. H. Anderson, of Mobile; Second Vice-President, Levi H. Hill, of New Hampshire;

Third Vice-President, H. Holton, of Vermont; Fourth Vice-President, H. Carpenter, of Oregon; Permanent Secretary, the great and good W. B. Atkinson, of Philadelphia; Treasurer, R. J. Dungleison, of Philadelphia; Librarian, William Lee, of Washington, D. C.

The sections are officered as follows:

Surgery and Anatomy:—Chairman, Hunter McGuire, Virginia; Secretary, D. A. Eve, Tennessee.

Practice, Materia Medica and Physiology:—Chairman, Charles Denison, Colorado; Secretary, J. A. Ashby, Maryland.

Obstetrics and Diseases of Women:—Chairman, J. R. Chadwick, Massachusetts; Secretary, J. T. Johnson, D. C.

Medical Jurisprudence, State Medicine, Public Hygiene, Chemistry and Psychology:—Chairman, J. T. Reeve, Wisconsin; Secretary, R. G. Young, Arkansas.

Ophthalmology, Otology and Laryngology:—Chairman, D. S. Reynolds, Kentucky; Secretary, S. M. Burnett, D. C.

The next meeting will be held at Richmond, Virginia. Dr. F. D. Cunningham is Chairman of the Committee of Arrangements.

On the second day there was an entertainment at Booth's theatre, to which the Committee of Arrangements had issued eight thousand tickets, the house, at its utmost capacity, holding thirty-five hundred people. No seats were reserved, and as some of the guests were on hand at six o'clock and the house was completely filled an hour before the performance began, there was soon a crowd of partly indignant and partly humorously-inclined, disappointed holders of tickets on the side-walk. The performance was excellent, but things might have been managed decently.

The Great Republic, a steamer which was hired out to the dry-goods establishments and working-girl parties last year, was chartered by the publishing house of Wm. Wood & Co. to take the guests out on a sail up the river and back to the bay,

landing finally at Coney Island. This trip was a failure, as no luncheon had been provided on board. A much better advertisement than this bum-boat expedition was the issueing by Messrs. Wood & Co. of a daily edition of the *Medical Record* during the progress of the meetings.

Not one substantial result can be claimed as an achievement of this session. The American Medical Association is a great carousing and bumming affair, an excellent advertisement for some and opportunity for the little great men—a relaxation—and this is its sole virtue for many hard-working practitioners from the country at large.

Among the St. Louis physicians, the *Courier of Medicine* ring was well represented. The editor of the "*Lunatic and Neurasthenic*" stalked into the composite section on Chemistry, Psychology, State Medicine, etc., but his place knew him not, the insane asylum superintendents being, as a whole, conspicuous for their absence.

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Extracts and Abstracts.

COCA AS AN ANTIDOTE FOR THE OPIUM HABIT.—Dr. E. R. Palmer, Professor of Physiology in the University of Louisville, gives (*Louisville Medical News*, May 29) his experience with this new remedy. Of the habit itself, he writes: "De Quincy and others have founded the pernicious notion among the laity that there is something far more exhilarating, far more divine in the intoxication produced by opium than in the common intoxication of alcohol. * * * * * It has been my lot, like that of most practitioners, to come in contact with opium-eaters, and I will positively affirm that I have yet to see one who even approximated in his nature the 'happy-go-lucky' character of the drunkard. Opium-eating is a curse without any qualifying dispensation—a black cloud in a sunless life. Unlike alcohol, it cannot be said of opium that its constant use improves the vital powers of the enfeebled. No debate as to its food properties ever have or ever

can be held. It is simply a powerful drug, useful in time of great physical distress, and pernicious beyond the power of pen to portray when once it fastens itself upon the mortal frame as a daily necessity."

After stating that there is no remedy, so far as the literature of medicine of the day goes, which has any claim whatever to be regarded as a curative of the habit, he describes his experience with fluid extract of coca in two cases of cardiac irregularity, with hypochondriasis, which got well under its use.

The first case of the opium habit was that of a man whose system had been shattered by taking three grains of morphine several times a day. Various remedies were tried for a day or two, and by moral suasion he was induced to diminish the dose very materially, but much to his discomfort. The following is added: "About the third day of my attention I bethought myself of the coca and ordered it for him. Imagine my surprise upon meeting him the next day with fine spirits and a record of only one-fourth of a grain of morphine taken since my last call. This was the end of the case. He took the coca for some days, and entirely broke off from opium. His statement was that whenever he felt depressed or bad he took a good, big dose of the medicine, and in a few moments was all right."

The second case we cite in the writer's own words: "Upon the 18th of the present month a gentleman sent for me. I found him in bed, looking like a consumptive. He at once told me that he was an opium-eater, and that he had reached a point where thirty grains of morphine daily were necessary to supply the cravings of his perverted nature. He said that he was now trying to break off, and wanted me to help him. I told him of what the coca had done, and, with a few cheerful words, prescribed it for him. The next day I found him still taking morphine, although in small doses, as he had not been able to find the coca. Upon the following day he had had but one dose of morphine in eighteen hours (one-fourth grain) and plenty of coca. He was hopeful and cheerful. The next day I failed to see him, and on calling the day following the servant met me at the door with the statement that he was well, and had gone down street. This much I can say for the last case, that when I last saw him he looked like another man, so light

and cheerful was his face and so free from the evidences of opium."

Dr. Palmer admits that these are very brief and slender grounds upon which to base a claim of discovery; but thinks they are sufficient to warrant the direction of professional attention to the use of coca in the treatment of the opium habit.

"Erythoxylon coca is a native of the eastern slope of the Andes. It is cultivated in the tropical valleys of Bolivia and Peru. The greatest of care is given to its culture by the natives. An idea of its importance as an agricultural product may be gained from the fact that the duties upon coca in Peru amount yearly to four hundred thousand dollars. The Peruvians are pre-eminently a despondent, an unhappy race, and coca is their balm. To them it is a relic of departed days of glory, and under its benign influence they enjoy in dream and delirium the halcyon days of Manco Capac. * * * * The ordinary dose for adults of the fluid extract is a tablespoonful.

THOMAS KEITH AND OVARIOTOMY.—Dr. J. Marion Sims gives a most interesting sketch of this celebrated man and his methods in the *American Journal of Obstetrics* for April, 1880, which we condense as follows:

Dr. Keith, of Edinburgh, has performed ovariectomy three hundred and three times since September, 1862, the date of his first operation. His success has so far outstripped that of all other operators that it has become the wonder and admiration of surgeons all over the world. Dr. Sims has attempted to learn the secret of such marvelous success. Keith, in his first series of operations, used the actual cautery to the pedicle, while other ovariectomists used the clamp or ligature, and this was supposed to contribute in a great measure to the result, both by him and others.

Keith began the use of Listerism in March, 1877. Previous to that his success had been from eighty-six to ninety per cent., while that of other operators had gradually crept up from sixty-six to seventy and seventy-five per cent., and in one or two instances to eighty. But under Listerism Keith has cured ninety-seven out of his last one hundred cases; seventy-three of these in succession without a single death.

He uses a Lister's spray apparatus with three jets, which works six hours, if neces-

sary, and all the precautions required by Listerism are carried out to the minutest detail. He always gives ether as an anæsthetic, believing it much safer than chloroform. He operates usually about eleven o'clock in the day, and the patient is allowed only a little tea and toast at eight in the morning. No long course of preparatory treatment is required. He is not a remarkably slow operator. Dr. Sims has never seen any one remove a tumor with greater celerity. The time when he dallies is when he comes to arrest hemorrhage, by ligating bleeding points and clearing out the peritoneal cavity. Keith never hurries, does nothing for display, and leaves no bleeding points. Never closes the wound till he is sure that all oozing has ceased; till he is sure that the peritoneum is perfectly dry. To the adoption of this principle of making sure that the peritoneal cavity is absolutely clean, Dr. Sims thinks is due, more than to anything else, his first success; this, in conjunction with antiseptics, is the cause of his unparalleled success under Listerism.

Dr. Sims then gives a minute description of one of his (Keith's) operations, at which he was present, which is exceedingly interesting, but too long for reproduction here. Great attention is given to thorough drainage, and careful directions are given for the use of the drainage tube. The treatment of the pedicle is not considered of such vast moment as it was before the introduction of Listerism.

The following description of the man, Keith, will interest every one, and closes this admirable paper, which should be read by every surgeon who attempts ovariectomy:

"Thomas Keith is fifty-two years old, six feet high, slender, and slightly stoop-shouldered. He wears a full brown beard, and his fine large head is covered with a profusion of long, silken, golden auburn hair, which hangs down behind, gently curling over his coat collar. His forehead is broad and prominent, his nose is long and straight, slightly aquiline, beautifully symmetrical and strongly indicative of character. He has large, deep blue eyes, full of benevolence and gentleness, and he has, what is one of the most attractive gifts of nature, whether to man or woman, a sweet, musical voice. He is modest as a woman, and of a character altogether lovely. He is quick in action, walks rapidly as if he were trying to catch up with his great head,

which is always in advance of his slender body. As he descends from his carriage, he hurries across the sidewalk and runs up the steps, and has the door open before any of his followers are near him. He has such power of concentration that his mind is always intent on the object of its pursuit, and he hastens to accomplish it. His whole soul is wrapped up in his work, and after he has performed a difficult operation, he eats and sleeps but little till he knows that his patient is out of all danger. I only wonder how a man of such high-strung, delicate nervous organization could so long have borne up under the great and anxious work that he has done. I regret to say, that his health is not good, and that he is often compelled to leave his hard work and the rigorous climate of Edinburgh, and seek recreation in the more congenial climate of the South of France. Let us all hope that the life of this great and good man may long be spared to relieve suffering humanity and to further advance the progress of our science for which he has already achieved such wonders."

EXTRA-GENITAL PRIMARY SCLEROSIS OF SYPHILIS.—(Boston *Med. and Surg. Jour.*, April 23, 1880) Dr. Maracek, V. Sigmond's assistant, calls attention to the fact so often stated, that "venereal diseases" are not necessarily venereal. The primary lesion of syphilis may appear upon any part of the body, and by the third or fourth week two-thirds of such lesions have developed characteristic symptoms. Those beginning with ulceration require from five to six weeks: that is, the incubation and the development of the primary or the general manifestations of syphilis are the same, no matter upon what part of the body the virus has been inoculated, nor by what methods or instruments. The sclerosis disappears rapidly if the patient is attacked by fevers (typhus, erysipelas, etc.), but appear harder and dryer than usual if phthisis is present. Extra-genital primary lesions, often subjected to more favorable conditions than usual as to circulation, and more protected from chemical or mechanical irritation, rarely ulcerate, and may remain for a long time as a nodule in the skin. If such are upon the face, destruction by excessive or repeated cauterization may cause permanent loss of substance and disfiguring cicatrices. The traumatic ulcers on the borders of the tongue, formed with carious teeth,

must not be mistaken, even in cunnilingi, or when chronic inflammatory hardening has changed the base or surrounding parts, for syphilis. More readily distinguished are simple, or so-called chancroidal, or scrofulous, or lupous ulcerations. The tuberculous ulceration of the skin has an irregular, everted margin, slight elevation above the skin, and an uneven, red, bleeding base with yellow points (miliary tubercle). A sclerosis of the lips in old people, shining, secreting little, its thin border composed of separate nodular points (ulcus rodens, of old surgeons) is to be distinguished chiefly by its long duration. The more rapidly destructive epithelioma has lancinating pains and papillary base. The papules, ulcerations from pustules, and gummata, where doubt exists, are diagnosed by the existence of other late lesions. A gumma of the tongue may resemble a primary lesion. Here other gummata or their scars may generally be found, or a little patience will enable one to see the rapid degeneration and disintegration from the centre outwards which marks the gummous tumor.

RHUS AROMATICA.—Dr. J. W. Compton, Professor of Materia Medica in the Evansville Medical College, publishes, in the *Therapeutic Gazette*, May, 1880, three cases of incontinence of urine in children, two of which were promptly relieved by ten-drop doses, three times daily, of the fluid extract of this drug. The third case, a girl of three years, was not relieved at all, although the dose was increased to fifteen drops. Albumen was found in the urine, which Dr. Compton thinks indicated a different causation of the incontinence from the other cases, and he draws from this the practical conclusion that the urine should always be carefully examined in all such cases preliminary to treatment.

COCAINE is the alkaloid derived from the leaves of *erythoxylon coca*, or *coca*, as it is sometimes called rather than *coca*. Dr. Roberts Bartholow (*Ibid*) states that it acts, like theine and caffeine, as an indirect nutrient, by checking waste, and hence a less amount of food is found necessary to sustain the economy under its use. This is the reason, he thinks, that it lessens fatigue and increases the respiratory powers. He is also of the opinion that it would prove useful in phthisis, in wasting diseases and in convalescence from acute disorders.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - JULY, 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

AMERICAN MEDICAL COLLEGE ASSOCIATION.

The fourth annual meeting of this organization was held in New York City, May 31st and June 1st, 1880. The minutes of this session are before us, thanks to the courtesy of the Secretary, Dr. L. Connor, of Detroit.

It appears that twenty-five out of the sixty-three medical colleges of these United States, were represented at this meeting, and that thirty-one only—less than half—are now members of the Association. Three have withdrawn from membership during the past year, viz: Bellevue Hospital Medical College, the New York College of Physicians and Surgeons, and the Medical Department of the University of Vermont. The fact that these old and respected institutions have abandoned the Association becomes still more suggestive when it is considered that such schools as Harvard, the University of Pennsylvania, the University of Virginia, the St. Louis Medical College and the St. Louis College of Physicians and Surgeons decline joining. It would appear that this Association has failed to command the confidence of the profession as represented by its schools of highest standard, both as regards requirements and quality of attainments represented by the members of their faculties. We have observed the rise and progress of

this organization with great interest, and have hoped to see some of the great results arising from its work which were so confidently predicted by many of our journalistic confrères. Thus far our expectations have been woefully disappointed. We now endeavor to find some reason for such manifest failure.

First, a doubt of the sincerity of a large proportion of the engineers of this great reform association has been raised by the hesitating way in which the real reforms demanded by the profession have been treated at the several meetings. It is confessed on all sides that it is very desirable to increase the requirements of those who would enter the profession. Better preliminary education, higher grade of acquirements to be determined by more stringent examinations, and a longer term of study; upon these points the profession outside of the faculties of the low-grade schools is unanimous.

Let us see how the Association has answered these just demands:

Early in its history it gave a *quasi* pledge that the year 1880 should see every member of the confederation demanding three terms of lectures and a graded course of instruction as prerequisites to graduation. The year has come, and what is the result? These "three regular sessions," "three full courses of lectures" have been adopted, but they are to take place only "*at and after the sessions of 1882-'83!*" It is evident that the fullness of time has not yet come, that the prophecy for 1880 was premature! Two sessions of the Association are to be held before the session of 1882-'83. Who can say that this action shall not be rescinded, and a period still further removed be substituted? Mother Shipton's prophecy of the end of the world was found premature by just two centuries, and the promise of the Association may need setting forward a hundred years or so in 1882 as it has by two years in this year of grace 1880.

The membership of the Association being composed mainly of certain schools which have acquired a reputation anything but enviable by practices at variance with the best interests of the profession, could not but deter the best of our schools from applying for admission and evidently disgusted the better among those which had already joined. We say this without the slightest disrespect towards the Chicago and Detroit medical colleges and the University of Michigan, which still adhere to the confederation. Many apparently impossible events have come to pass, and the far future may demonstrate that the good leaven still retained in the mixture may eventually leaven the whole mass, but we cannot help doubting it.

The supercilious tone adopted by the committee appointed to consider and recommend a plan of registration of medical colleges in this country, appended to the minutes of the fourth meeting, is not calculated either to increase the membership of the Association or to command the respect of those schools not already in the fold. The attempt to "lecture" Harvard and the University of Virginia upon certain presumed (not proven) delinquencies, and the threat to expose the misdoings of an indefinite number of schools next year or some still later date, are very amusing, if they may not be characterized as bordering upon something very like impudence.

About the only thing that was done was a recommendation (not a pledge) that seventy-five dollars should be made the minimum lecture fee. This being only by way of advice, no special importance can be attached to it.

We call particular attention to the following:

"On motion of Prof. D. S. Reynolds, it was

Resolved, That the Association of American Medical Editors be requested to give the full weight of its influence to the support of the Association of American Medical Colleges, in the execution of all its

efforts to secure reforms in medical education, and that the public press everywhere be requested to publish the amendment to the Articles of Confederation of this Association, requiring attendance upon three full courses of lectures in three separate years before admitting candidates to apply for final examination for the degree of Doctor of Medicine."

It is certainly extraordinary that the learned gentleman did not state in his resolution that this most excellent amendment would not go into effect for *two years*. His college had voted for it, and we presume that the full force and effect of the "putting-off" clause was well understood, hence our surprise that such a misleading resolution should have been offered and, still more, that it should have been adopted. To a spectator it certainly looks like very sharp practice; an attempt to appropriate to the Association what does not belong to it, to secure what belongs to those schools which have already adopted the higher standard by the use of an empty promise as an accomplished fact. It is possible that such tactics belong to honest and honorable competition, but, for our own part, we prefer fair dealing to arrant hypocrisy.

Thus far, this Association must be pronounced the flattest kind of a failure. When it shall cease dilly-dallying with reform and set itself at earnest work, we shall be more than happy to chronicle the fact. Until it shall really begin to *do* something, however, we shall continue to expose its shortcomings.

♦♦♦ DIPLOMAS AND THE SALE OF FRAUDULENT DIPLOMAS.

The sooner it is generally understood that a diploma of any kind is merely a certificate that the holder thereof has had a good opportunity to learn, and nothing more, the better for all parties concerned. No paper or parchment can confer ability to practice any profession. No examination, however rigorous it may be, can make a man a successful practitioner of medicine

if the knowledge of the schools is not supported and supplemented by individual capacity. In fine, it is absurd to the last degree to make the possession of a diploma from any institution the criterion of a practitioner's knowledge and ability.

The idea that a certificate of this kind is the one thing needful has been and is productive of immeasurable injury. The student crams his memory with undigested facts instead of acquiring knowledge; the rich fool depends on his money and family influence to "pull him through" the dreaded examination, and the sycophant toadies to the vanity of certain among his teachers; each depending upon something aside from his actual scientific acquirements to secure the coveted parchment.

But the supposed value of the diploma has been immeasurably increased of late years by the establishment of state boards of health and the attempted restriction of practice to those possessing diplomas. This has been done ostensibly in the interest of the people, but really for the benefit of the mushroom medical colleges, the profits of which have been increased immensely by this compulsory graduation of practitioners, many of whom had usefully treated the sick for a decade without diplomas. But this driving of the "swamp doctor" to the village diploma mill for his papers is not the worst feature of the business. It has made a market for the sale of fraudulent diplomas. Without this factitious value conferred upon the diploma as such, the sale of such papers would never have attained such enormous proportions or even have had a beginning.

Those virtuous individuals who have thought it their duty to protect the people from quackery by establishing state boards for the purpose of driving every man who practices without a diploma into some self-styled medical college, have only themselves to thank for the disgrace heaped

upon American medicine by such scoundrels as John Buchanan, Charles G. Polk, and their associates.

State laws "regulating the practice of medicine and surgery" have had very little if any good effect. They have simply been conceived and executed, wherever they have been enforced, in the interest of medical colleges and fraudulent institutions bearing the same sort of titles. We came near forgetting one other important function: they make lucrative offices for political favorites who happen to have diplomas. We admit that national and state boards of health *might* be productive of a vast amount of good, but as at present conducted they are mostly nothing but expensive luxuries. Perhaps this state of affairs is inseparable from American politics and incapable of improvement. Unless these bodies show some advance we hope the people, through their representatives, will soon put an end to them.

The paternal form of government is not suited to the American citizen, and the sooner we drop these beginnings of such innovations the better for all concerned. If the average American is incapable of choosing his own physician individually, it is scarcely probable that the average caucus-chosen political delegate will have condensed enough wisdom in a few weeks of electioneering to do it for him. If a man or woman prefers to be hocus-focussed by a clairvoyant, "natural healer," fortune teller, Indian-herb man or pretentious travelling imposter rather than give his health in charge of a "regular," "homœopath" or "eclectic," we believe he ought to have that liberty of action.

Poor Richard said that "Experience is a dear school, but fools will learn in no other." This observation is respectfully commended to those well-meaning gentlemen who are so desirous of obliging everybody to ride their own favorite hobby.

CASTRATION—MALE AND FEMALE.—We take the following from the *Michigan Medical News*. After expressing the fear that a strong advance on the ovaries is to be expected in view of the advocacy of Battey's operation by the learned orators at the recent meeting of the American Medical Association who—particularly M. Pallen—were so enthusiastic about it, the writer makes the following eminently practical observations:

"But the mention of spaying, or rather oophorectomy, the more euphonic synonym, leads us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficulties, local, constitutional and social, scarcely less grievous to be borne than those which the woman suffers because of her ovaries? And yet the voice of neither Battey, nor Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame."

It is rumored that the discoverer of just this operation is living, but his unaffected modesty has prevented his blazoning his triumph before the world. We trust he will not have to wait for posterity to place the laurel wreath upon his brow. We understand that as a *social* remedy it was a complete success.

REDEMEIR.—A recent careful examination of the calvarium removed at the autopsy of Henry J. Redemeir, reveals certain *pathological changes*—premature and abnormally firm closure of the sagittal and lambdoidal sutures, hyperostoses, etc.—which are absolutely confirmatory of early and long-continued cephalic disease. A more minute description of these appearances will be published in our next number.

There is no room for doubt in relation to this man's insanity. We have made the demonstration so clear that no one, except

he closes his eyes to the truth of malice aforethought, can deny it. We hope those gentlemen—experts(?)—who were so anxious for the hangman's noose to choke off investigation will study this case well and be a little more cautious the next time a fellow-man's life is placed in their hands.

EUCALYPTOL may prove to be the antiseptic of the future. Drs. McIntyre and Bauer recently used it as a spray in a modified form of Lister's dressing in an operation for mammary cancer with the very best results. We shall have a report of the case in our August number.

Book Notices and Reviews.

THE MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION. PART II, VOL. I. MEDICAL HISTORY. Being the Second Medical Volume. Prepared under the direction of Joseph K. Barnes, Surgeon-General United States Army. First Issue. 4to. pp. 869, with forty-one plates and forty-four photo-relief cuts. Washington: Government Printing Office. 1879. From the Surgeon-General.

This is the second medical volume of this magnificent work and is wholly devoted to what the author calls "the alvine fluxes"—including diarrhoea and dysentery, both acute and chronic. It had been intended to include with these the camp fevers also, but the mass of material at the disposal of the author was so great that it has been determined to devote a third and final volume to them and to the other chief camp diseases.

The alvine fluxes usually cause more sickness and mortality among troops during war than any other group of diseases, says Dr. Woodward, hence a better opportunity is offered for their study in army practice than in civil life. The author has not only undertaken to present the facts relating to these subjects gathered during the late war, but he has also contrasted

modern observation with the records of the past, and subjected the historical basis of dominant modern opinions upon the various topics discussed to careful and critical scrutiny. In this task he has made free use of the National Medical Library, and the care with which he has conducted his researches and the use made of this invaluable mine of information are evidenced by the innumerable references to be found in every page to the literature of the past.

Within the limits of this notice it will be simply impossible to attempt an extensive analysis of this extraordinary work. A few figures will serve to indicate the magnitude of the task should we have the space to devote to it: The total number of cases officially reported of acute and chronic diarrhoea and dysentery was 1,739,185; of deaths from these causes, 44,558. But these figures are far from indicating the actual number of cases or of deaths. Many deaths and discharges are noted as caused by debility, many men suffered from these affections while held prisoners of war, many were discharged at the conclusion of peace who still were victims to these chronic affections, who lingered along for years and died unrecorded in the army records, many still suffer from these affections as every practitioner can testify.

Statistics of the comparative number and mortality of acute and chronic cases are given in detail. One fact is very prominent, the vast increase of the proportion of deaths to cases, as the term of service lengthened and the number of troops increased. Thus, during the last year of the war the proportion was *six times greater* than during the first.

As regards the influence of region, we find that the diseases were more frequent and fatal among the troops in the central region, less so in the Atlantic, and least in the Pacific region, and this difference holds good with reference to the colored troops the same as to the white soldiers.

The ratio of mortality was high during

the summer months, as was to have been expected. In the Confederate army these diseases prevailed to an enormous extent, reaching 74 per cent. in Virginia, from July, 1861, to March, 1862.

Among the prisoners of war held by the Confederates, more than one-half of the deaths that occurred were from these fluxes, while of those held prisoner by the Federals these affections contributed about one-third of all the deaths from disease. In this relation we note that the records of the Gratiot street prison, St. Louis, Mo., from December, 1863, to May, 1865, inclusive, show that the average number of prisoners present was 248, and that during the year and a half 803 cases of diarrhoea and dysentery and 83 deaths were reported.

In the second section we find many practical observations contributed by different medical officers of the army. Among these we note a short communication from Dr. J. T. Hodgen, of St. Louis, on the value of *Cistus Canadensis* (*Helianthemum*, U. S. P.) in the treatment of chronic diarrhoea. He recommends an infusion of an ounce of the herb in one or two quarts of boiling water, to be used cold as a drink by such patients.

Some surgeons found rectal injections of a solution of silver nitrate, fifteen grains to the ounce of water, to be of great use. Some used weaker solutions (gr. ii, to f. 3j) very efficacious. The opium treatment seems to have produced no good results. Bismuth subnitrate in drachm doses checked the discharges in some cases if they did not effect a cure. Bromine and iodine did not produce the curative effects claimed for them. The malarial element in a very large proportion of cases was recognized, and appropriate treatment instituted. Scorbutus seems to have much to do with the causation, while improperly prepared food and bad drinking water were responsible for a large proportion; while defective drainage of camps and hospitals with unsanitary conditions of the latter contributed to swell the number of cases of the alvine

fluxes. Mercurials and preparations of iron had many advocates as curatives. One case of lead poisoning from taking fifteen grains of acetate of lead daily for chronic dysentery is reported.

In the third section fatal cases of these diseases are recorded, with accounts of the morbid appearances observed.

The fourth section is devoted to Remarks on the Pathology and Treatment of Diarrhoea and Dysentery, and comprises a full discussion of these questions. It is needless to say that the work has been most conscientiously performed and is simply exhaustive in character. Subsection VI, on the treatment of these diseases is the most complete discussion of the therapeutics of these affections it has ever been our fortune to meet.

The forty-one colored diagrams and plates are most excellent, while a more than equal number of photo-relief cuts add greatly to the value of this most excellent volume.

Four indexes: of subjects, of cases, of medical officers and others who have contributed cases or observations, and of authors cited, are added and make every item of information presented available at a moment's notice.

Like those which have preceded it, this volume is a credit to the American people and, more particularly, to the profession of medicine of our country.

It is strange to see no mention anywhere made of the labors of Surgeon-General Hammond, to whose wise foresight we owe the possibility of the very existence of this most valuable medical work of the century. Such an omission is unworthy of the gentlemen who now have the good fortune of completing the work he initiated in the chaos of the early days of the late war.

HOMŒOPATHY: WHAT IS IT? A Statement and Review of its Doctrines and Practice. By A. B. Palmer, A. M., M. D., Prof. of Pathology and Pract. of Med.

in the College of Medicine and Surgery in the Univ. of Michigan, Etc. 8vo. pp. 104. Detroit: Geo. S. Davis, Medical Publisher. 1880. Cloth, \$1 25.

Professor Palmer has written a very useful book. It contains a compend of homœopathic doctrine drawn from the works of acknowledged standard authorities, with a careful analysis of each dogma. If the conclusions at which he arrives are not palatable to the followers of Hahnemann, it is not the author's fault. It has been claimed by some advocates of *similia similibus curantur* that Dr. Palmer has misrepresented them, to which he makes answer as follows:

"A reply was made in which I proposed to leave to impartial non-medical arbitrators, to be mutually chosen, the question as to whether such misrepresentation of the system were made as alleged, on condition that if the charges against the lectures were sustained, I was to pay all costs and make a liberal donation to the Michigan University Library for the purchase of works on the subject of homœopathy; but if, by the decision of the arbitrators, the charges were not sustained, my accuser was to pay the expenses and pay the specified sum to the library; and though still holding good, it has not been complied with. I now wish explicitly to state that the proposition is continued in reference to the present publication."

It should be understood that the present work is an amplification of the lectures referred to.

If Prof. Palmer has made out his case, then homœopathy must be considered as an incongruous mixture of pretensions and absurdities. If he has failed in his effort, then some of the champions of the "mild power" ought certainly to step forward and relieve him of his superabundant wealth.

The book is very well written and might be used as a most effective "campaign document" by the opponents of homœopathy. It is well presented by the publisher and we hope will have a wide circulation.

BORCK'S RECENT "LITERATURE."

- (1) REFLECTIONS upon the History and Progress of the Surgical Treatment of Wounds and Inflammations. A Report on the Progress of Surgery. By Edward Borck, M. D., Member of the Med. and Chir. Faculty of Maryland and Baltimore Med. Association; St. Louis Med. Society; Formerly Ass't Surg. to West Building Hosp., Baltimore, Md.; and Late Surg. U. S. Vols., etc. Read before the Mo. State Med. Ass., at Columbia, Mo., June, 1879. Reprint from the Transactions.
- (2) DISEASES of the Maxillary Sinus. By same Author. Reprint from *Indiana Med. Reporter*, April, 1880.
- (3) OVARIAN TUMORS. At what stage of the Disease is it the Proper time to Operate? By same Author. Reprint from *Obstetric Gazette*, March, 1880.
- (4) A CASE of Compound Dislocation of the Wrist. By same Author. Reprint from Transactions of the St. Louis Medical Society.

Our townsman's prolific pen seems destined to impress his name deeply upon that page of medical history which records the achievements of the nineteenth century. Four times has the weary carrier delivered his precious burden to our hands; four times has the recorder of the *Index Medicus* written that famous name "Borck, Edw., M. D.," against the title in that incomparable catalogue since we last gave him place in our columns; four times have "the compliments of the Author" met our weary sight and recalled us to the fact that courtesy—sweet courtesy—required us to again set forth the merits of the St. Louis surgical champion. We would fain leave the duty to abler hands, but no medical writer in this broad land has dared attempt it, therefore, with resignation, we commit ourself thereto, trusting the illustrious Author will be satisfied and that a confiding public will have patience with our poor efforts.

1. "Reflections!" The author has won our gratitude. He says he might have "reflected" upon lithotomy, lithotritry, "the rectangular staff," litholysis, ovari-

otomy, cholecystotomy, spleenotomy, osteotomy, herniotomy, extirpation of the larynx, excision of the rectum, excision of the tongue, fractures and dislocations, but he considerably forbears, and we thank him over and over again.

"John Astruc" plays a great rôle in these "Reflections." Very considerably, he gives a definition of a *nævus* for the benefit of the benighted brethren of the Missouri State Medical Association; gives a small catalogue of old surgical writers and praises Lister and Listerism. We have quoted one sentence before, but its quiet beauty and deep meaning induce us to once more put it in print: "When specialists have obtained better recognition in the profession, then, and not until then, we shall have our great surgeons to adore." When that happy day shall dawn upon the world, to whom shall we bend the knee, who shall occupy the principal niche in the glorious surgical temple? One answer only arises in deep, thundrous tones from every side: "Borck, Edw., M. D.!"

2. Our author states that "volumes might be written" on "the antrum and its diseases," but contents himself with three pages, very well printed on tinted paper. Again he receives our thanks for his forbearance.

3. Four pages concluding thus: "In conclusion I would say, that the object of this communication is to call attention to the above arguments, and especially to the *inadvisability recommended*, waiting or delaying the operation." (Italics ours.)

The delicate way in which the English language is given its quietus is beyond all praise. It has been assassinated, strangled, murdered in every conceivable way in past times, but when "Borck, Edw., M. D." finally gets done with it, we may safely place English along with Sanscrit and the other *very* dead languages.

4. Compound dislocation followed by necrosis of the lower ends of both radius and ulna; recovery with a useful hand.

One point only engages our attention by its novelty: "You can always tell necrosed bone by its peculiar smell." This should be remembered in making a diagnosis.

Page 6 of this last remarkable monograph is occupied with a catalogue of what the author terms "literature." There are sixteen titles, each beginning: "Borck, Edw., M. D." We would modestly suggest that if the author had not such claims to preëminence as a surgical writer, that we have no doubt of his success as a poet. Imagination so exalted could not fail to place him alongside of, if not superior to a Dante or a Shakspeare!

BOOKS & PAMPHLETS RECEIVED.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS, V:—

TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau and H. Pidoux. Ninth edition. Revised and Enlarged, with the assistance of Prof. Constantine Paul. In three volumes. Vol. I. 8vo. pp. 302. New York: William Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, sole agent, 514 Olive st. \$1 25. Sold only by subscription.

CHIRURGIE ANTISEPTIQUE. Principes, Modes d'Application et Resultats du Pausement de Lister. Par Le Dr. Just Lucas-Championnière, Cherurgien de la Maternité de l'hôpital Cochin, Membre de la Société de chirurgie, Redacteur en chef du *Journal de Médecine et de Chirurgie pratiques*. Deuxième Edition complètement refendue avec 15 figures dans le texte. Paris: J. B. Baillière et fils. 1880. From the Author.

AMERICAN HEALTH PRIMERS:—XI.

SEA-AIR AND SEA-BATHING. By John H. Packard, M. D., Surgeon to the Episcopal Hospital, Etc. 16mo. pp. 124. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, VOLUME IV. For the year 1879. 8vo. pp. 506. Boston: Houghton, Mifflin & Co. The Riverside Press, Cambridge. 1880. From the Secretary, Dr. Jas. R. Chadwick.

PAMPHLETS:—

On Division of the Sphincter Ani Muscle as a Therapeutic Measure. By Chas. B. Kelsey, M. D. Reprint from *N. Y. Med. Journal*, June, 1880.—Report of the East Side Infirmary for Fistula and other Diseases of the Rectum—External Rectotomy as a Substitute for Lumbar Colotomy in the Treatment of Stricture of the Rectum. By Chas. B. Kelsey, M. D. Reprint from *N. Y. Med. Journal*, March, 1880.—Further Contributions to the Study of Fractures of the Inferior Extremity of the Radius. By L. S. Pilcher, M. D.—Strangulated Hernia, with Fecal Fistula, treated by a new and simple Enterotomy and an Anaplastic Operation. By William A. Byrd, M. D., Quincy, Ill. Reprint from *Medical and Surgical Reporter*, Oct. 25, 1879.—Clinical Notes upon the use of the Galvano-Cautery. By the same Author. Reprint from *Independent Practitioner*, Jan. 1880.—Caries of the Ankle in Children. By V. P. Gibney, M. D. Reprint from *Am. Jour. of Obstetrics*, April, 1880.—A Case of Intra-Ovarian Pregnancy, with Post-Mortem Examination. By Talbot Jones, M. D., St. Paul, Minn. Reprint from *Am. Jour. of the Med. Sciences*.—A Case of Intra-Uterine Ichthyosis. By Wm. R. Smith, Sr., M. D., Cairo, Ill. Reprint from *Am. Jour. of Obstetrics*. April, 1880.—Treatment of Puerperal Septicæmia by Intra-Uterine Injections. By Edward W. Jenks, M. D., LL. D., Chicago. Reprint from Vol. IV, *Gynecological Transactions*.—A Protest against Meddlesome Midwifery. By H. Gibbons, Sr., M. D., San Francisco.

Miscellaneous Notes.

PATHOLOGY OF HIP-JOINT DISEASE.—(*Va. Med. Monthly*) Prof. S. D. Gross, in a recent clinical lecture, remarked that he has long taught that there can be no disease of this kind without a previous taint of the system, and that he has always maintained that when this predisposition exists, the disease may be called into existence by comparatively slight causes, such as blows or falls, or suppression of the cutaneous perspiration, which, in a healthy subject, could not be followed by such peculiar manifestations. When this tendency is

present, trivial causes may produce serious consequences. He knows that his friend, Dr. Sayre, of New York, who has given a great deal of attention to this subject, holds that hip-joint disease may arise from ordinary injuries in a healthy constitution, but he cannot agree with him. "We cannot," he remarks, "by slight means alone, give rise to pulmonary consumption; there must be a constitutional predisposition, or else the tubercular deposit will not appear. It is the same with hip-joint disease. Bear in mind, then, that a constitutional predisposition of a peculiar kind always accompanies hip-joint disease.

It is amusing to observe how tenaciously the old Professor clings to the superstitions of a by-gone age, how he confounds effects with causes, and how condescendingly he pats the blatant "Boanerges of American Surgery" on the shoulder, although every one knows that the latter is nothing more than a successful showman and dealer in second-hand wares. The illustrious champion of venesection and scrofula commands our respect, even when he defends obsolete dogmas, for he has, in truth, done much to advance American surgery to its proper position in the world of science.

PISCIDIA ERYTHRINA.—Dr. Isaac Ott has recently made a careful investigation into the physiological and toxicological action of this new narcotic, Jamaica Dogwood, and reports the following conclusions in the *Detroit Lancet* for June:

"As well known, in opium are found those medicinal virtues which give to the physician the power to rapidly relieve and cure suffering humanity, and at the same time to produce a beatific intoxication. The effects of the drug, like other pleasures, has its pains, such as nausea, constipation, and a generally disordered nervous system. In this drug, piscidia, we have a less pleasurable intoxication, and the disagreeable after-effects of opium left out. The sleep of piscidia resembled in feeling that produced by large doses of bromide of potassium.

"It is evident from the preceeding experiments that in piscidia we have a drug capable of producing death by arrest of the respiratory apparatus. Frogs seldom recover from a moderate dose of the drug.

The following conclusions may be drawn:

1. It is narcotic to frogs, rabbits and man.
2. It does not affect the irritability of the motor nerves.
3. It does not attack the peripheral ends of the sensory nerves.
4. It reduces reflex action by a stimulant action on the center of Setschenow.
5. That it produces a tetanoid state by a stimulant action on the spinal cord, and not by a paralysis of Setschenow's center.
6. It dilates the pupil, which dilatation passes into a state of contraction upon the supervention of asphyxia.
7. It is a salivator.
8. It increases the secretion of the skin.
9. It reduces the frequency of the pulse.
10. It increases arterial tension by stimulation of the monarchical vaso-motor center.
11. This increase of pressure is soon succeeded by a fall, due to a weakening of the heart itself.

If the action of piscidia is compared with that of chloral, it is found that the former has no dangerous action on the heart like the latter, nor such an energetic action like the latter upon the respiratory apparatus.

Compared with atropia, piscidia, unlike the former, does not paralyze the motor nerves; it does not paralyze the chorda tympani; it does not arrest the sudoral secretion; it does not paralyze the pneumogastriacs, and does not elevate greatly the arterial tension, but like it dilates the pupil.

Compared with morphia, like it, it produces sleep, heightened excitability, spinal convulsions, general paralysis and stimulation of the main vaso-motor center; unlike it, it dilates the pupil.

In the use of this drug I would like to add the caution that its surface is pleasure and its depth death."

FOR SALE:—A Doctor's Residence in Richmond, Ind. Elegant brick house, with all modern improvements. Brick office, with mansard roof, hot and cold water, etc., one of the nicest and most convenient west of the mountains. Brick stable, with gas, harness room, force pump, etc., etc. Lot 100 by 122 feet. Very central, property first-class in every particular, title perfect. Can influence a large amount of practice for purchaser. Best of reasons for selling. Address J. H. McINTYRE, M. D., Richmond, Ind., or Dr. P. H. CRONIN, 614 Olive street, St. Louis, Mo.

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NO. 5.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FÆTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878-79, and 1879-80.

BY EDWARD C. SPITZKA, M. D.,
Late Professor of Comparative Anatomy and Embryology, Columbia Veterinary College; Curator and Pathologist to N. Y. Medico-Legal Society;
W. and S. Tuk-Prize Essayist;
Hammond Prize Essayist.

LECTURE IX.

Hitherto we have traced the history of the human germ as if we were merely building up a complex shape from a homogenous mass by the cleavage of the latter, and the arrangement in definite layers of the products of this cleavage process. We have seen that every derivative from the original germ had its definite part to play in the building up of the embryo. That every cell had its special place, and that on the growth rate of certain layers, and on the condensation of certain cell groups depended the formation of certain organs and organ systems.

But any view which would limit itself to the consideration of the purely mechanical factors, and to the mere morphology of the germ, would necessarily be an imperfect one. For it would fail to account for the increase in bulk of the embryonic elements.

It has been already hinted that an acces-

sory supply of nutrition is established by means of a connection between the vascular tracts of the mother and those of the embryo.

Before this supply becomes established, it was also hinted that a portion of the spherical ovum played the part of a nutritive yolk in a manner analogous to that acted by the vitellus in the chicken's egg.

It is in this portion, that is, in the extra-embryonic area, that the first traces of the vascular system are observed.

This appearance is on such a minute scale in the mammalia for the reason that this provisional circulation is not of as profound an importance as in oviparous animals, that in order to study it satisfactorily we are compelled to resort to the chicken's egg. The description of the vascular formation in the latter will also serve for that of the human ovum in its essential features.

In the chick's area opaca at about the second day of development, delicate little red points are seen scattered about, which gradually enlarge and are seen to have the decided color of blood. These little spots are at first distinct, each from his fellows, and examination demonstrates them to consist of spaces enclosing a quantity of embryonic blood. From their insular position in the area, they have received the name of "blood-islands," from Afanasiew.

Soon these little islands send out peninsular prolongations, these join corresponding prolongations from neighboring

islands, and the result is that a continuous network of anastomosing channels is elaborated.

This vascular network is originally entirely limited to the area opaca, and the embryo proper has as yet no blood-vessels. With the perfection of the vascular type from the network, however, loops are thrown off, somewhat analogous to the manner in which capillary loops are detached in the process of granulation of wounds, and these invade the embryonic body from the periphery.

Now, as the embryo is surrounded on all sides by the area vasculosa, the encroaching vessels must enter it from all sides, and the new-formed loops must ultimately abut against the chorda dorsalis. Encountering a resistance here, the loops are flattened against it, and the end portions enlarging on account of the ulterior blood pressure, the entire series of end loops becomes converted into a single straight tube, one lying on each side of the chorda, while the more slender stems of the loops are either obliterated, or in their disposition simulate the intercostal and lumbar arteries.

This entire process has, therefore, culminated in the production of two large arterial vessels, the *primitive aortæ*. By an analogous process certain primitive veins are formed.

At an early period of the mammalian embryo, there is visible, in front of the head end, a faintly-indicated horse-shoe-shaped thickening of the mesoblast. As the embryo grows, its head end overlaps this part, which becomes situated relatively to the embryo at the altitude of the labyrinthine vesicle. Here it is seen to have fallen into two detachments, which are bent in towards each other, coalescing in the middle line.

On transverse sections these thickenings are discovered to consist of that part of the mesoblast which, joining the hypoblast, we have termed the sero-visceral lamina, and

which other authors call the splanchnopleura.

In the altitude of the neck, where this ectacy of the mesoblast takes place, the hypoblast tube, or, as it is destined to become in this region, the *œsophagus*, is closed. The mesoblast detachments surrounding it must, in order to constitute an independent sac, as they do after the coalition, first surround the *œsophagus*, then, after the lamina of each side come in contact, instead of merging into each other, drop down side by side, and separating, then once more ultimately join, so as to form the sac in question, and which is situated ventrally to the *œsophagus*.

This sac is the first trace of the *heart*. The two aortæ grow into its cavity, and just as only the intima of the vascular coat is represented in them, so their prolongation into the cardiac cavity constitutes the endocardium.

The primitive heart consists, then, of a simple sac with two orifices at each end, one set of these is arterial, that of the two primitive aortæ, the other is venous, that of the two veins. The circulation is exceedingly simple, the blood driven out of the heart into the aortæ is driven to the body and the vitelline sac, in the latter it accumulates in a marginal sinus, from which the veins collect it and return it to the heart. The veins, therefore, take up the nutritive material from the vitellus and convey it to the embryonic body, so that the latter increases at the expense of the former. This is the first true circulation of the embryo, and is known as the *vitelline circulation*.

While the heart was situated with its axis in the antero-posterior direction of the body, its anterior end was the arterial, its posterior the venous one. But soon it becomes bent on itself and in such a way that one end is on the right side (the arterial) and the other on the left (the venous).

The heart then undergoes a second change in position, namely, twisted on its axis, so

that the arterial end, at the same time that it is turned to the right side, is also turned to the ventral aspect of the embryo, while the venous end looks more towards its dorsal aspect.

The two aortæ, at their origin from the heart, become considerably separated, but further towards the posterior end of the body they coalesce, so that we have one aorta with a double origin. The two veins unite at their entrance into the heart to constitute a single vessel known as the *ducts of Cuvier*. There are two such ducts, one is formed by the coalition of the two veins which come from the head region, also known as the anterior cardinal veins. These veins persist in the adult as the jugulars. The other duct of Cuvier is formed by the coalition of the posterior cardinal veins. The ducts of Cuvier are therefore the embryonic representatives of the superior or anterior, and the inferior or posterior vena cava.

But the feature in this primitive vascular system which interests us most, consists in the development from the aorta of a trunk running towards the head end which gives off on each side five arteries running to each of the branchial or visceral arches. This is an exact repetition of the vascular arrangement in the tadpole and fish, and these arteries, without any definite object, as they seem to be in their origin, for their occupation, that of nourishing the branchial arches, seems to be gone when the latter are obliterated, furnish a strong support of the doctrine that man and the lowest vertebrates have a common origin.

They serve to explain also the occurrence of many important anomalies in the vascular system of the adult; as is well established, aberrations in the carotid, subclavian and pulmonary arteries are attributable to the persistence of portions of the branchial arterial apparatus, which in normal development are obliterated.

NEW YORK, 180 E. 50th street.

Original Communications.

CONSCIOUSNESS IN EPILEPSY.

BY WILLIAM B. HAZARD, M. D.

Loss of consciousness, or of the memory of consciousness, has been considered pathognomonic of epilepsy and of all genuine epileptic manifestations, by the great majority of writers upon the affection. The cases of retention of self-consciousness, or of a memory of what occurred during the seizure, have been relegated to the category of *epileptoid* affections. This seems to me simply an evasion of the question, and one calculated to work mischief, especially in medico-legal investigations. Hughlings Jackson has clearly enunciated the proposition that the separation of epileptic cases into classes distinguished by the presence or absence of consciousness has no physiological warrant. The patient suddenly loses the use of a greater or less part of his higher nervous ganglia by the occurrence of an "excessive discharge of unstable gray matter" or from some sudden change in the blood supply of these higher centers. If the area of nervous structure involved be great and include the highest centers, then unconsciousness results. If lower structures or a less area of the higher ones are affected by the morbid process, disturbance of function, not abolition thereof, occurs. In either case the disease is essentially the same; there is variation in degree, not in kind.

The following notes illustrate the varying conditions of consciousness as observed in an undoubted epileptic, as well as some curious examples of psychic aura:

Geo. L—, now aged thirty-eight years, came under my observation in 1873. He was then an inmate of St. Louis County (now City) Insane Asylum, and had been detained there as an epileptic lunatic for many months. He had experienced his first attack at the age of eight years, and his disease had gradually grown worse until

he had been committed to the asylum. In the earlier years his mind had not seemed to suffer any deterioration, so he had acquired a very fair education. On two occasions his convulsive seizure was replaced by *furor epilepticus*, lasting several days, during which he was in a state of high maniacal excitement and had attempted a homicide. In his ordinary condition he was quiet and very good tempered. At the asylum he was a general favorite and frequently was entrusted with the care of lunatics. His convulsive seizures occurred several times each week, and one time, shortly after he came under my care, he was in the *status epilepticus* for three days together.

In his case the attack was marked by an *aura*, apparently arising from the hypogastric region. As soon as he felt this he would go to the side of the room and strike it with the palms of his hands, screaming at the same time; this stage would last for half a minute to a minute, after which he would fall in convulsions. During "the slapping fit," as he termed the stage of invasion, his face was pale, and he was conscious of his actions, although unable to control them in the slightest degree. During the intervals his face was greatly congested. He frequently had nocturnal attacks, always accompanied by the "slapping" of the walls of his room.

Under the free use of the bromides and belladonna (45 to 60 grains of the one and 10 drops of the other) daily, and the use of amyl nitrite to abort the paroxysms, the attacks gradually became less frequent, and in 1874 ceased entirely for several months, when he was discharged from the institution.

After having ceased for seventeen months, they returned, under the provocation of strong mental excitement, when he again came under my care. Medication was resumed, but not followed out with any regularity on account of his poverty disabling him from buying the necessary drugs and his distance from the City Dispensary. In 1877 he was able to procure his medicines with greater regularity, and the convulsive attacks almost entirely ceased. The bromides however, produced so much disturbance (boils, ulcers and mental hebetude) that fluid extract of ergot was substituted. Bromism disappeared, but the convulsive seizures also returned. The bromides were resumed with arsenic (Fowler's solution, 10 drops, three times a day, four days in each week), which effectually

controlled the bromic symptoms. The belladonna occasioned so much disturbance—dryness of the throat and headache—that it was discontinued.

In the last six months his mind has apparently greatly improved and the convulsive seizures have returned but three times, leaving no additional impairment of mental function behind. But at the same time there has been a curious change in the premonitory or abortive symptoms. Before a convulsion, for several days, he sees "images," as he terms them, of men and animals. These, he says, always "come up" from the same point whence he formerly "felt the beginning of the fit," from the region of the bladder. He knows beforehand what he is going to see, and recognizes the unreal character of the appearances. Sometimes—not so frequently of late—he has hallucinations of hearing, also. "The images speak to him;" thus far, no threatening or prompting to violence have characterized the voices. If he inhales the amyl nitrite as soon as he feels the first sensation in the hypogastrium, neither shape nor voice is made apparent. He knows, from the intensity of the *aura*, when it will culminate in a convulsion, hence he does not always take the trouble to dispel it with the amyl. When he is to have a convulsion everything seems to enlarge and crowd around him and finally every object seems to topple, when the fall comes he loses consciousness.

In the fall of 1878, he had an attack of cerebral epilepsy. He partially undressed himself and started out of the house without shoes or hat and walked over a mile before he came to himself. He remembers the undressing and the long walk, but says he was in a kind of half sleeping, half waking condition, and was unable to do otherwise than he did. I have the utmost confidence in his statements regarding his memory of the semi-conscious period, for he is notably truthful and conscientious.

It is perfectly clear to my mind that this patient's abnormal mental status as evinced by hallucinations of sight and hearing and by the semi-conscious condition referred to, were as truly *epileptic*, in essence, as his convulsions. The element of unconsciousness is not present, yet I would not have the slightest hesitation in certifying to this man's irresponsibility, should he commit any act of violence instigated by one of the

"voices" or "images" he hears and sees. He is not now insane, strictly speaking, for he recognizes the falsity of the phenomena which have such an appearance of reality to him. At any time, however, the area of cortical substance involved may be so great that he may altogether lose his control over both ideas and actions, and the worst results may follow.

The ancestry of this man contains no hint of epilepsy, insanity or syphilis, and no injury to the head is known of as an exciting cause.

Regarding the aura—whether an abnormal sensation or subjective impression upon the special senses—it is evident that they are merely the first consequences of changes in the central gray nervous matter. They are as much epileptic in essence as any phenomena of epilepsy. If the attacks were not intensified beyond this point, there can be no question but that the patient's responsibility for his acts would be modified in the same way as if they were performed during fully developed *furor epilepticus*. The fact of convulsive epilepsy having never been observed in such a patient would add difficulty to the diagnosis, but would not alter the scientific accuracy of such an opinion.

St. Louis, No. 5 High street.

Clinical Reports.

CASES IN PRACTICE.

Urethral Stricture; Endo-Metritis; Deformed Finger-Nail; Scrofula(?) ; Chronic Gonorrhœa, or Gleet.

BY S. B. HOUTS, M. D.

CASE I.—April 16th, Mr. H. called at my office to be treated for a discharge from the urethra. He had had repeated attacks of gonorrhœa, and supposed the discharge was a sequel of his last. Upon examination with a small French bougie, found a

firm stricture near the meatus, not more than half an inch from the external orifice. Pushing my examination further, found another close stricture in the pendant portion of the urethra, three and five-eighths inches from the external orifice; this stricture was very narrow, admitting only a number two bougie, French scale. The patient being anxious to be relieved of his trouble as soon as possible, I suggested, as the most speedy method, to have the strictures cut with the urethrotome; gaining his consent, I immediately commenced dilating the strictures with graduated French bougies. By April 24th they were sufficiently dilated to admit Bates' urethrotome.

The patient being, in the meantime, prepared for the operation by giving him aperient medicines and repeated doses of quinine and mur. tinct. of iron, April 24th, I invited Drs. Cronin and McIntyre to assist me in the operation, which they readily consented to do. I gave the patient nine grains of quinine and one-fourth grain morph. sulph. before commencing the operation. Everything being in readiness, Dr. Cronin suggested the use of the new anæsthetic, bromide of ethyl. I had no previous experience with this preparation, therefore reluctantly consented to its use in this case, however, through the influence of Prof. McIntyre, who stated that he had experience with it in a number of cases, and that it was efficient and harmless. It was administered.

I introduced the urethrotome the requisite depth through the strictures, in a few seconds Dr. Cronin told me to proceed with the operation. The indicator was quickly turned to No. 15 on the scale and the knife drawn through the stricture, the knife returned, the urethrotome turned, and the stricture cut at the opposite side. The strictures at the meatus were cut in the same way, and the instrument removed. There was very little loss of blood, and the patient immediately got up from the lounge somewhat confused, but conscious.

Results of the operation, No. 10, American scale, readily passed through the strictures into the bladder. Soon after the operation patient complained of headache, said he had most remarkable dreams while taking the anæsthetic, wished he could remember them; headache continued. On the third day after the operation, had rigors followed by fever, pulse one hundred and upwards, there was a distinct remission in the fever simulating genuine remittent fever—free from fever in the morning, temperature rising in the afternoon, increasing towards evening. Treated the fever with large doses of quinine and tincture of gelsemium. The pulse one hundred all the time, whether temperature of body was high or low. There was considerable discharge from the urethra for several days. Urine flowed freely and abundantly. About May 4th patient got disgusted with his boarding house and went to the Sisters' Hospital, since which time I have not seen or heard of him.

Now I do not know whether the bromide of ethyl stood in relation of cause to this condition of things, nor do I pretend to say. The only connecting link would be the headache continuously from the very moment of getting up from the lounge. It quite likely was a genuine case of urethral fever, which so readily follows operations upon that structure. Relating the case to my friend, Dr. Metcalf, recently, he said that it was a usual thing for headaches and fever to follow the administration of bromide of ethyl. In my opinion, the bromide of ethyl is too volatile and transient in its effects for capital operations. I do not believe that it can be given to profound anæsthesia with safety. My patient said he felt every cut in the urethra.

CASE II.—In the month of February, 1880, was called in haste to see Mrs. M. P. Found her in pain and profuse hemorrhage from the womb. She readily told me that, not desiring any more children, she had introduced into the womb a piece of whale-

bone, with the intention of producing miscarriage. It had the desired effect, for soon after my arrival the fœtus was expelled. By administering morphia and fluid extract of ergot, the hemorrhage was readily controlled. She made a good getting up, and in two weeks, on a cold blustery day, got into a buggy and drove ten miles into the country. Immediately on her return she was seized with violent pains in the womb and region of the ovaries, soon followed by periodical gushes of blood with painful uterine tenesmus. The entire womb, with the ovarias, seemed to be in an active state of hyperæmia. Diagnosis was endo-metritis. Treatment for the acute stage, hypodermic injections of morphine to allay pain, emollient poultices over the hypogastrium, occasionally warm water injections into the vagina. In about eight days there was cessation of the acute inflammation, the pain gradually ceased, then, for the first time, made an examination of the mouth of the womb by introducing the speculum. Found os uteri swollen, anterior and posterior lips red and granular, and a discharge issuing from the cervix of a little greater consistency than the white of an egg.

Applied nitrate of silver to the granulations around the mouth of the womb, covered the whole with absorbent cotton, let it remain twelve hours, then removed. Subsequently made daily or every-other-day applications of the following:

R Zinci sulphatis..... 3ss;
Tinct. opii..... ʒi;
Glycerine..... ʒv.
M.

Saturated a piece of absorbent cotton with the above mixture, applied it with the forceps through the speculum to the mouth of the womb, let it remain for twelve hours, removed, washed the vagina with carbolyzed water, then introduced again. Glycerine has a wonderful power to remove plastic material from the tissues. It has a power of depleting the womb and removing the deposits of inflammation possessed by

no other remedy, at the same time it is harmless—rather soothing in its effects. Continued these applications, gave aperients occasionally, and tonics; in three weeks patient was well. I will add, that in my opinion, all hyperæmias of the endometrium, of the ovaries, even of the womb itself, should be treated with gentleness. Soothing applications, emollient poultices, glycerine and opium on absorbent cotton to the mouth of the womb, aperients and tonics. By patiently pursuing this course, you will cure your patient and retain your practice. I am well aware that it is very hard for the ambitious young gynecologist to keep from doing violence to the womb in this age of cutting, splitting, probing, and even of spaying poor girls for simple hysteria.

CASE III.—March 12th, 1880, H. S., a disabled soldier, living at the National Soldier's Home, Milwaukee, Wis., brought his little daughter to me to have a deformed finger-nail removed. The deformed nail was on third finger of the left hand and resembled very much the claw of a dog or bear, about three-quarters of an inch long. It can readily be seen how inconvenient an appendage of this kind would be. Paring off an abnormality of this kind would give but temporary relief, therefore I concluded, and in my opinion it is the best practice, to remove the nail, together with the matrix. Dr. William Johnston kindly administered chloroform when the operation was performed.

CASE IV.—September 16, 1878, Mr. J. B., of this city, brought his daughter, aged thirteen years, to my office for treatment. On making an examination, found enlargement of all the glands of the neck, one of the submaxillary on left side of face containing pus. Upon further inquiry, was informed that her mother was permanently insane. The father was of full habit, bilious temperament, the child was of lymphatic temperament, blue eyes, light hair and fair complexion, preëminently of

what is generally called the scrofulous diathesis. Scrofula is not a good word, it does not express a pathological condition. I agree with Prof. Bauer, that cases presenting the above symptoms should be referred to mal-nutrition or defective nutrition, the blood-making power of the system is defective, there are too many white-blood corpuscles. Such a child is naturally negative in its nature, will be bright and intelligent for a while, however, it has the elements of weakness in its very constitution, and when compelled to take its place in the ranks of life and battle for an existence, the tender nervous centers of such an one will give way, and by its stronger competitors on the stage of human activity will be compelled to take refuge in the shades of an asylum. Could we but know the mysterious workings of the forces of nature in those cases, how willingly would we throw the mantle of Christian charity and sympathy over such, and shield them from the hardships of an active competitive life. However, of this physical law, the people at large know nothing, and the surging, unceasing struggle for existence goes on and the weak must fall by the wayside. I hope to be pardoned for this digression, yet may I hope to point a lesson.

The abscess on the side of the face was lanced, a considerable quantity of a creamy, flocculent pus escaped. The edges of the abscess soon commenced to ulcerate; in a short time there was a large open ulcer produced. After temporizing awhile with syrup of the iodide of iron and other remedies without benefit, I prescribed equal parts Trommer's extract of malt and good cod-liver oil, to be given three times a day, with generous diet. Improvement in a short time, ulcer rapidly healed, enlarged glands about the neck decreased in size; after three months' treatment child apparently well. In my experience, the only treatment in these cases that will do any good is to attend to the nutrition of the

body, increase the red blood and decrease the white corpuscles.

CASE V.—March 6th, L. called at my office. Said that some three months previous had an attack of gonorrhœa; had been treated for the disease and pronounced cured, but recently was very much annoyed by a slight discharge from the urethra, noticeable especially in the morning. Being a man of culture and refinement, was very anxious to be rid of the difficulty.

Examined the urethra with graduated bougies with the expectation of discovering a stricture, knowing that partial stricture is a very common cause of gleet. Found the urethra very capacious, readily admitting the largest sized instrument. Satisfied that the discharge was the result of an atonic condition of the mucous membrane of the urethra and points of chronic inflammation between the folds, I ordered the following treatment: Internally, tinct. ferri chloridi in conjunction with fluid extract of ergot, three times a day; injected the urethra daily with the following mixture: Red wine, ten ounces; sub nitrate bismuth, half ounce. Shake well before using. Introduced silver catheter so that the point would be within half an inch of the sphincter of the bladder, then introduced the nozzle of a syringe filled with the above mixture into the end of catheter, inject slowly; repeat several times before removing catheter. The gleet discharge diminished immediately; in ten days patient was well.

There are several points of interest in this mode of treating gleet: The introduction of the catheter has a beneficial effect on the diseased mucous membrane by stretching and opening out the folds, and by pressure; then the bismuth is deposited along the walls of the urethra and in the folds of mucous membrane; the wine stimulates the atonic membrane to healthy action. Other fluids can be injected in the same way, viz: Sulphate of zinc, aqueous

extract of opium, glycerine and water, in proper proportions, make a very good formula.

St. Louis, 628 Olive street.

**DISPENSARY OF THE ST. LOUIS
COLLEGE OF PHYSICIANS
AND SURGEONS.**

Surg. Clinic of Prof. J. H. McIntyre, M. D.

REPORTED BY P. H. CRONIN, M. D.

CASE I.—PHIMOSIS—CIRCUMCISION:

A German, aged forty-three, had suffered from the inconveniences and distressing results of a callous phimosis for a number of years. Notwithstanding that the prepuce could be retracted, the retraction always occasioned great pain, the irritation being so severe as to have produced balanitis, on several occasions.

From the personal history of the patient, it was ascertained that he was addicted to the use of opium and was of a highly nervous temperament. Circumcision was determined upon and performed in the following manner: The prepuce was slit upward in front to the *corona glandis*, and the flaps, by an incision on either side to the frænum were entirely removed.

The edges of the wound, skin and mucous membrane, were united by means of six silver sutures. The artery, at the frænum, having been ligated and the dressing completed, the penis was lightly supported, in such a manner as to permit the least possible œdema. The operation has afforded perfect relief.

**CASE II.—IMPERFORATE ANUS, THE RECTUM
OPENING INTO THE VAGINA—SPINA BIFIDA
—OPERATION:**

On July 7th, 1880, a mulatto child, eight days and four hours old, was presented. On examination, in place of the anus, there was found only a slight depression, the usual accompaniment of imperforate anus, while the fæces found an outlet through the

vagina, requiring but moderate effort for their expulsion.

On introducing a probe into the vagina, it readily passed into the rectum, and when this recto-vaginal opening was closed, by digital compression, slight fluctuation could be felt at the anal depression.

Immediately over the sacrum, a tumor was formed, as large as a medium sized orange and presented fluctuation in all parts. Its lower portion giving evidence of sloughing of the integuments, it was deemed proper to relieve the tumor of its serous contents.

The operation for the relief of imperforate anus was then begun by making an incision parallel with the *raphe*, then, by careful sections, the structures intervening were severed until, at a depth of about five-eighths of an inch from the surface, the blind sac of the rectum was reached. This, by careful dissection, was isolated for about half an inch, then opened and the edges drawn out and fastened to the sides of the external wound by six sutures and a free communication, as demonstrated by introducing the probe, was established between the external opening and the rectal cavity.

Though a fortnight has elapsed since the operation, the fecal matter passes through the new opening in a perfectly natural manner, while the discharge through the vagina has entirely ceased.

The sutures have all been removed, the wound has entirely healed, the child takes the breast freely, sleeps well and is, altogether, in a thriving condition.

The tumor over the sacrum is constantly refilling, requiring repeated puncturing for the removal of the contents, it is, therefore, deemed advisable to continue the present treatment of the tumor for a few weeks, or until the child has increased in weight and strength, when further efforts will be made to effect a radical cure by means of the galvano-cautery.

CASE III.—SCIRRHUS OF THE BREAST, EXCISION—EUCALYPTOL SUCCESSFUL AS AN ANTISEPTIC DRESSING:

On June 29th, a maiden lady, aged fifty-two years, of rather delicate constitution, came before the clinic, presenting a tumor in the right mammary gland. The age of the patient, the seat of the tumor, its tendency to contract, the intercurrent lancinating pains, the depression of the nipple and a family history of cancer, left no doubt as to the scirrhus character of the growth, although the axillary glands were free from invasion. It was therefore arranged to amputate the breast, during which operation Prof. McIntyre gave an interesting review of several cases somewhat similar upon which he had operated. He also defined the nature of cancerous growths and the manner of distinguishing them from each other, as well as giving the modes of treatment adopted in the European hospitals he had visited recently.

The operation was performed easily and expeditiously, four ligatures controlled the arterial bleeding and eight silver wire sutures completely united the wound.

By request of Prof. Bauer, a sample of eucalyptol, prepared by Mr. Carl Sander, was used instead of carbolic acid, in the same manner and in the same proportions, as advised in the use of the former article by Professor Lister. The experiment has proven magnificently successful, for eight days after the operation, Professors Bauer and McIntyre inspected the wound and noted the following conditions: No swelling, heat, nor discoloration in nor near the wound, which, with the exception of its superior or external angle, is united fully. There is no trace of pus nor blood in the scanty, plastic secretion, which finds an outlet at the upper angle, nor is there any odor except that of eucalyptol, and that is from the dressings. Digital pressure is not painful, neither is it productive of any discharge, and the axillary and sub-clavicular glands are intact.

A day or two after this the wound discharged slightly at the point mentioned above, but on examination it was ascertained that this was due to the irritation caused by the silk ligatures.

Evidently the eucalyptol used has fulfilled every expectation of its utility as an antiseptic, and is decidedly preferable to carbolic acid in point of odor and its non-irritating properties, and Prof. McIntyre is be congratulated on his thorough test of this article on this occasion, the first, we believe, in which the use of carbolic acid was entirely dispensed with and eucalyptol alone used as spray and dressing.

The wound has since virtually closed, the patient attending to her household duties, which result would have been attained much sooner, had catgut ligatures been substituted for silk.

Translations.

(Translated for the Clinical Record.)

INTERNAL METALLOTHERAPY (*Lyon Médical*, July 4, 1880).—It will be remembered that some time since much interest was excited by the results obtained by the external application of certain metals in hemianæsthesia. When the right metal was applied, sensibility returned to the anæsthetic side of the body and at the same time, the corresponding points on the other side became anæsthetic. This is known as transference of sensibility. Sometimes one metal produces this result, sometimes another. This is termed external metallotherapy.

Burq, who has devoted many years to the study of these phenomena, thus formulates a second proposition: The metallic suitability being known, internal exhibition of the same metal should produce the same results as its external application.

M. Garel has verified this fact. In a patient who had angina pectoris following pericarditis, the pain extending into the left arm, this member became partially

anæsthetic. She was found to be sensitive to gold. A coin being applied to the skin, in less than thirty seconds the point of application became sensitive, while a corresponding point upon the right arm became anæsthetic. According to *Burquism*, some salt of gold ought to be given internally; such as the double chloride of gold and sodium. Now, this is the strange part of the theory. It is not easy to see the connection which can exist between the action of the metal upon the surface and that of one of its salts introduced into the economy. It is especially difficult to give any scientific explanation of the phenomena. If we recall the embryological analogy between the coating of the intestinal canal "the internal skin" and the cutaneous envelope, it is natural to think that the metal itself ought to act in the same manner upon both surfaces.

M. Garel, therefore, admixes small fragments of gold leaf, inclosed in *cachets*, and these always gave the same result. After thirty hours, the patient felt a shock in the shoulder, which was followed by tingling throughout the arm, and then by complete return of sensation. This persisted thirty-six to forty-eight hours, and by giving gold leaf in this manner for about a month, the anæsthesia appears to have definitely disappeared. Sensation has not alone returned under this influence, but also the muscular strength, which had also been markedly diminished.

It is very certain that the gold was not absorbed in the digestive tract, but acted simply by contact. Hence we may conclude that the internal and external actions of the metal are identical. M. Garel is of the opinion that when a soluble metallic preparation is administered, it can act in such cases only by the precipitation of the metal upon the intestinal surface.

He considers the following as a strong proof of his theory: According to R. Vigouroux's experiments, a metal to which the patient is not sensitive has the power of

neutralizing the effects of the active metal. Thus, in this patient, when sensibility had been recalled by the application of a gold piece, if a piece of silver was placed upon the gold, anæsthesia returned almost immediately. After having given silver leaf internally, gold had to be given five days before a return of sensation was obtained. On another occasion, the patient took gold for several days and the arm became sensitive, it then sufficed merely to give at the same time a leaf of silver to provoke the return of anæsthesia.

This was not a hysterical case, which could have deceived; besides, the use of bread capsules prevented the patient from knowing anything of the change of metals given, and the results obtained were always the same.

M. Boucaud has tried the same methods upon a patient in his service and has obtained the same results as M. Garel.

BEST MODE OF GIVING ERGOT. (*Union Méd. et Scientif. du Nord-Est*, June 15, 1880)—Dr. A. Luton, Professor of Clinical Medicine in the school at Rheims, discusses this question quite fully, and strongly commends the hypodermic use of this drug whenever it is indicated. He is not in favor of any of the so-called ergotines of commerce, and prefers the simple alcoholic tincture of the Codex. He contends that the vehicle, alcohol, is no more irritating than those advised to dissolve ergotine, such as glycerine, or chloroform, ether, etc., which have also been injected under the skin. The pain produced by the alcoholic tincture is slight and transient, especially if the point selected for the injection has a thick layer of cellular tissue, such as over the abdomen or towards the haunch. He has never observed an abscess to form after it has been used.

As to the dose, he has obtained as good results from one gram of the tincture (15.4 grains) injected, equivalent to twenty centigrams (3 grains) of the powder, as from

the usual dose given by the mouth. Given by the mouth, ergot, like other fungi and highly nitrogenized bodies generally, must be partially digested or destroyed, hence we fail to get the full medicinal results of the dose, while, if it is given subcutaneously, we shall obtain its entire therapeutic power. Theoretically, we ought to reach definite results by giving ergot hypodermically, which we cannot expect when it is given by the mouth. Practically, we find this to be true. In two cases of hematuria treated by Prof. Luton in the Hôtel Dieu of Rheims, no effects were produced by daily doses of ten grams of the tincture given by the mouth, while daily injections of one gram of the same tincture caused the symptoms to disappear in two or three days.

TREATMENT OF CHRONIC HEPATIC CONGESTION. (Rendu in *Union Médicale*, April 18, 1880)—If chronic congestion of the liver occurs in the course of a cardiac affection, digitalis is often the best means of relieving the hepatic complication. If digitalis does not succeed, or if it is not tolerated, local revulsives should be employed, such as dry cups and blisters. At the same time diuretic drinks are given, such as oxymel of squill, repeated purgatives, especially compound tincture of jalap—always taking care not to push the spoliative measures too far. When the congestion is of miasmatic origin, the sulphate of quinia should be ordered, or the patient should be submitted to hydrotherapeutic treatment. Finally, after the liver has returned to its normal volume, alkaline mineral waters should be prescribed, such as those of Vichy or Vals, or a laxative water, such as that of Homburg, Carlsbad or Marienbad.

TARTARIC ACID IN DIPHTHERIA. (*Jour. de Méd. et de Chir. pratiques*, June, 1880)—M. Vidal recommends the topical use of tartaric acid in diphtheria. In his opinion it is necessary to make use of topical agents against the false membrane, for it

has a great tendency to spread by a sort of auto-inoculation, comparable to what occurs in certain cutaneous affections. The following is the formula he gave to the Therapeutic Society as the one he uses :

Tartaric acid.....10 parts by weight ;
Glycerine15 " " "
Mint-water25 " " "

The acid acts upon the false membrane, converting it into a gelatinous mass, and favors its expulsion. The parts should be swabbed about every three hours, following the application, after a short time, with one of lemon juice.

♦♦♦
TRANSMISSION OF SYPHILIS FROM THE FATHER.—Wolf, of Strasburg, has studied a large number of syphilitic parents and their children and reaches the following conclusions (*Centralbl. f. gynecologie*, May, 1880) :

The transmission of pox from the father to his progeny can only occur through infection of the mother.

In every case of a child being born with syphilis, the mother either is or has been syphilitic. Wolf has never seen a single case in which he was not able to verify this proposition.

It is easy to see the importance of this assertion, both theoretically and practically, particularly in reference to natural nursing.

♦♦♦
NIGHT-SWEATS OF PHTHISIS.—M. Kohnhorn advises the use of a powder, which is employed in the Prussian army for sweating feet, for the sweats of phthisis. The *Gazette hebdomadaire* copies the following formula from a German journal :

Salicylic acid..... 3 parts by weight ;
Starch.....10 " " "
Talc.....87 " " "

Dust over the entire body, especially the chest, with this powder.

♦♦♦
PAUL BROCA, the celebrated French surgeon, is dead. His name will always be remembered in connection with the subject of aphasia, and with cerebral localizations.

Correspondence.

REDEMEIR'S SKULL.

Dr. Wm. B. Hazard, Editor of St. Louis Clinical Record :

DEAR SIR:—You are well aware that I bore no part in the trial of Redemeir, nor did I know more of the testimony adduced at the trial than the public prints furnished.

When the defense summoned me before the Sheriff's jury, I accepted the responsibility of an expert with great reluctance. Whilst engaged in the inquiry I tried to fulfill my duty to the best of my ability, and although I had arrived at the opinion that the prisoner was, to all intents and purposes, of sound mind at the time I visited him in the jail, I declined to give a positive opinion and insisted upon more time for observation and deliberation.

With this end in view I signed a petition to the Governor requesting a delay of the execution.

Up to the time that we entered upon the anatomical investigation of the head and brain of Redemeir, I took exception to your views as to the alleged insanity of the culprit, about which we had quite a number of lively and sharp discussions, in which our views were diametrically opposite.

I am still of the opinion, that when I examined Redemeir at the jail, which was done repeatedly, I could discover no signs of insanity, whilst his version of the crime, unsustained by any other evidence, did not seem to me deserving that weight and attention which you ascribed to it. Yet, at this stage of the anatomical investigation, I cannot withhold an expression of the gratification I feel that I had no part in the condemnation of the prisoner and that I did all in my power to delay his execution.

The brain of Redemeir is in the hand of one of the ablest and most expert neurologists, Prof. Spitzka, of New York City, who will, in due time, furnish you with the

result of his elaborate investigation. Meanwhile I have carefully and repeatedly examined the skull of Redemeir, and discovered anatomical conditions which furnish strong evidence that the culprit labored under morbid defects which, in all probability, materially interfered with the development and action of his brain.

The first and most striking feature is the complete ossification of the lambdoid and sagittal sutures and a partial ossification of the coronal suture. About the place where the lambdoid and sagittal sutures unite, there is a considerable deposit of new bony structure (hyperostosis), much more massive on the right side than on the center or left. From the center, that is to say, the angle of the occipital bone, a broad band of new bony structure extends along the sagittal suture until it reaches the frontal bone. Over the greater part of the skull isolated deposits are noticeable in every direction, and discriminate themselves from the principal bony structure of the skull by their white and almost chalky appearance.

I have mentioned this anatomical condition foremost because it is the most conspicuous feature of the skull. Next, it it unquestionably furnishes the key for quite a number of secondary anatomical defects. There is no doubt in my mind that Redemeir sustained an injury at the back part of the head producing an inflammation of the pericranium giving rise to the premature ossification of the principal sutures at a time when the brain was growing and developing, that is to say, during childhood or adolescence. All other conditions of the skull point that way.

Secondly, the walls of the skull are in every direction abnormally thin. At some places, as, for instance, the parietal eminences, the bones are translucent. A similar translucent place is on the right parietal bone, probably produced by one of the Pacchionian bodies. There are two more translucent places alongside of the internal frontal spines. There is no trace of the

frontal sinuses. Of course the skull is thicker at the junction of the lambdoid and sagittal sutures, but even there it has a thickness of less than half an inch.

Thirdly, almost everywhere along the division the external plate comes in juxtaposition with the internal plate of the skull and only in a few places can a narrow line of diploë be discovered. At one place, corresponding to the upper half of the squamous portion of the temporal bone, both plates conjointly have a thickness of scarcely half a line. If this anatomical condition of the skull proves anything, then it signifies a persistent intracranial eccentric pressure of the brain in every direction upon the skull.

Fourthly, there is a significant absence of foramina for the passage of emissary vessels, which are designed for the relief of the cranial sinuses and cerebral veins, so indispensable in a state of venous hyperemia.

Fifth, the skull is of rather smaller dimension than should be in a fully developed male adult: the fronto-occipital diameter, six inches and a half, being unusually short when compared with the transverse diameter, five inches and a half.

Sixth, there is a marked asymmetry of the skull to the effect that the left side is bulging out more, when measured from the center, than the right side, and this bulging is posterior to the corresponding one.

These are the deviations which I have noticed and noted down in the skull of Redemeir when compared with skulls of other male individuals of a similar age. Probably a more expert observer might point out still more deviations from the normal. It is very unfortunate that some of these defects could not have been discovered during life so as to have been turned to the benefit of the accused.

Certain it is that these defects could not have existed without deteriorating influences upon the action of the mind. Numerous facts are on record in the annals of medical science which proves this proposi-

tion beyond contradiction. I have had, myself, several cases under treatment, and in one case, which I have published in the *St. Louis Medical and Surgical Journal*, in which I relieved a patient at the City Hospital, by trephining, of intra-cranial pressure, dementia and semi-paralysis of the entire muscular system.

I have submitted these facts to your consideration and use, knowing, as I do, that the case of Redemeir has occupied your attention and your scientific investigation for many months, and they are at your disposal if you deem them worthy of your notice.

The skull has been added to the anatomical collection of the College of Physicians and Surgeons, where it may be seen and studied by any one feeling an interest in the subject.

In conclusion, I need not to state that the scientific interest supercedes the consideration of public morality or policy.

Yours truly and sincerely,

LOUIS BAUER.

[It will be seen that the most incredulous of experts yields to the logic of anatomical facts, after the failure of psychological evidence to change his opinion. We hope there will be others who *dare* to admit their error when it is demonstrated. Unfortunately for the interests of science, all men have not the same amount of moral courage.—ED. RECORD.]

Extracts and Abstracts.

SUCCESSFUL GASTROSTOMY.—Dr. Ferd. Herff, of San Antonio, Texas, communicates to the *New Orleans Medical and Surgical Journal*, of July, 1880, a remarkable case of gastric fistula artificially established for the purpose of introducing nourishment into the stomach. The case is so interesting that we are justified in giving a rather extended abstract.

Gastrostomy has been performed with two different ends in view: to remove foreign bodies and to establish a temporary canal for the introduction of food when

oesophageal obstruction exists. For the removal of foreign bodies it is accepted as a legitimate operation. For the introduction of food, however, Dr. Herff states, the results obtained have been but very little encouraging until the last few years. Faulty methods of procedure and neglect of antiseptic precautions he thinks are to blame for the failures, not the operation in itself. The old operation was in one act, the abdominal walls and stomach were both opened at the same time, without first securing the walls of the viscus to the external incision by adhesions. In this way it was almost impossible to prevent the escape of fluids into the peritoneal cavity, and still more difficult to produce immediate agglutination of the wound, which was constantly exposed to the decomposing influence of the contents of the stomach. Hence he does not consider it astonishing that up to 1875, when Verneuil performed his first successful operation, only one patient out of thirty-one survived the procedure forty days. Since then, the results have been more encouraging; he finds eight successful out of fifteen operations, while Howse, the inventor of the best method, has had no death attributable to the operation in six consecutive cases.

He is fully convinced that the establishment of a gastric fistula under Listerism, after having previously secured adhesion between the walls of the stomach and abdomen, is almost entirely devoid of danger and can safely be adopted in all cases where obstructions exist in the oesophagus which can not be overcome by dilatation, and will kill eventually by inanition.

The establishment of a fistula he considers only a temporary expedient in non-malignant cases, and especially applicable for the relief of cases occurring in children from the influence of caustic substances. At an early age the tissues are very tender, the canal is smaller in proportion than it is in adults, while the struggles of the ignorant child against the use of sounds are serious obstacles in the way of long continued dilatation. Anæsthetics only make matters worse, because they deprive us of the assistance derived from the sensations of the patient as to whether the instrument has taken the right direction. He has known of two cases in which a common elastic catheter, without stilet, had perforated the oesophagus and caused death; and these occurred to careful and experienced physi-

cians who had used no great force in handling the instrument.

He believes that nine-tenths, at least, of all children who acquire stricture by swallowing concentrated lye—the usual method of its production—die sooner or later if relief from starvation is not afforded by dilatation or gastrotomy.

Langenbeck transfixes the stomach, after exposing it by incision, with a large steel needle passed through the stomach and abdominal walls, and unites the peritoneum of the edges of the wound by a row of close sutures all perforating the entire thickness of the gastric wall. The needle is left twenty-four hours only, and the sutures are removed in four days, after which the stomach is opened with knife or trocar. Dr. Herff objects to the perforation of the entire thickness of the coats of the stomach as favorable to oozing of the digestive fluids and unfavorable to healing by first intention. Howse's method he considers better, the one adopted in the case described. He has waited nine months since operating before publishing his case, in order to see if the success was permanent. We abridge the account as much as possible and retain all important features:

Jessie Lumly, aged six years and seven months, a very healthy and bright child, swallowed concentrated lye, in August, 1878. After the usual attack of acute gastritis, she recovered with a stricture. Since then she has been unable to swallow any solids, often for a day or more she was unable to take any liquids into the stomach. In winter her condition was worse, in summer she would sometimes manage to drink a quart of fluid a day, though always with great effort. She became thinner every day, and was finally reduced to nothing but skin and bones.

In August, 1879, her parents brought her to Dr. Herff from their place of residence thirty miles from San Antonio. A stricture was found half way down the sternum that would not admit the finest bougie. Repeated examinations gave the same result. Gastrotomy was resolved upon and performed August 30, 1879, by Dr. Herff, with the assistance of Dr. Amos Graves and Drs. John and Adolph Herff.

Chloroform was given, and under Lister's spray an incision was made three inches long, parallel with the cartilages of the left ribs, three-fourths of an inch from their edges, beginning a little below and to the

left of the ensiform cartilage. Bleeding vessels were secured with catgut, and after opening the cavity the left lobe of the liver, partially covering the stomach, was first seen. The stomach was easily seized with the fingers and pulled into the wound. A circle of stitches was then made, which attached the stomach to the peritoneum one-half inch distant from the edges of the wound. These catgut sutures were tied, each separately, over small pieces of India-rubber bougie, and great care was taken not to penetrate the whole thickness of the gastric wall. Another row of fifteen catgut sutures fixed the stomach to the margin of the external wound, and, lastly, two carbolized silk sutures traversed the abdominal walls and that of the stomach about one-fourth inch from the wound; like the others, these did not penetrate the gastric cavity. These last were then tied, nearly closing the wound, all but a small portion of its center, which was marked by a silver suture as the point for the future incision into the stomach. Antiseptic dressing, under spray, finished this first part of the proceeding, which lasted one hour, and was really the only difficult and tedious part of it. No pain or fever followed the operation, and in five days the dressing was removed, the wound having closed by first intention. All the catgut ligatures came out spontaneously by the absorption of their intra-vulneral parts. The silken tissues were cut, and he proceeded to open the stomach. At this moment the child became unmanageable and chloroform was again given. It produced almost fatal apnoea, and in the efforts at resuscitation—inverting the body, compressing the thorax, etc.—the newly united parts gave way at the inner corner, through which the liver and stomach could be seen. This rent was closed as before, new antiseptic dressing applied, and general treatment repeated. Suppuration of the wound ensued, on the fifth day the stitches were removed, but an attack of intermittent fever came on, to which she had formerly been subject. Quinine per rectum relieved her, and finally, on September 19, nearly three weeks after the first operation, the cavity of the stomach was opened—this time, of course, without anæsthetics.

An incision of one-half inch in extent was made in the middle of the cicatrix, followed by a gush of clear gastric juice, with a small admixture of bile. A small

artery in the wall of the stomach was tied with catgut, a piece of pressed sponge inserted and covered with antiseptic dressing. The sponge was removed twice a day, and on the third day a fistula one-half inch by one-fourth inch in diameter was established, when feeding was at once commenced.

At first, milk and other liquid food were injected with a syringe, but this caused pain—curiously enough, not in the stomach but in the neck. A funnel was then substituted, through which liquids were poured as long as the funnel would not fill. Sometimes this would take more than a minute. The liquid would rise and fall until it finally disappeared altogether. Soon afterwards, solid food, principally chopped meat, was introduced—at first piece by piece, by means of forceps—afterwards a quantity was placed near the orifice and pushed, or rather stuffed, in with a soft rubber catheter. This succeeded admirably and was absolutely painless. Notwithstanding the great quantity of food taken in this way (three-fourths of a pound of meat, two quarts of milk or soup, six eggs and some bread) she complained of always being hungry, and continued as before to swallow food and water, rejecting it after a little. This caused a great waste of saliva and, of course, interfered with digestion. She has had two attacks of ague, been vaccinated, and had a very severe attack of catarrhal pneumonia with diarrhoea since the operation, and has received her food and medicine through her “second mouth,” as she calls it.

She is now in fine health, of ordinary weight, can walk a mile, and has very little trouble with her fistula. Sometimes it gets contracted and requires reinsertion of compressed sponge for dilatation. She has no eczema around the fistula; bowels regular, rather inclined to constipation. When she stands upright nothing flows from the fistula, it is then closed by a fold in the line of incision acting as a valve. But when she lies down everything pours out if the orifice is not closed by a tampon. At first a large tracheotomy tube stopped with a cork was used to prevent this outflow; now she wears a rubber tampon, similar to the mouth-piece of a nursing bottle, having a wooden shield at its base, to which an elastic cord is attached passing round the body. A little absorbent cotton is also placed over the fistula.

Her present mode of feeding is as follows: All her food she first chews and swallows, after which it is regurgitated and inserted through the fistula either by the funnel or with a bougie. She does the same with water, the sensation of thirst is allayed only when the water has first gone down her throat. She has hardly ever gotten anything into her stomach by the natural way since she has been fed through the fistula. She takes as much food as any child of her age and would probably take more if permitted, for the sensation of hunger is not satisfied as by normal feeding. She says, after taking a large meal, “My stomach is full, but I can eat more.”

Dr. Herff intends to try bougies again as soon as the child is old and reasonable enough to offer no resistance, and will make an effort to reach the stricture through the fistula. But should everything fail, he is convinced that she can live and be healthy in her present condition. The feeding has been done for many months by her mother and sometimes by herself, and Dr. Herff only visits her when he shows the case to some physician. He promises to follow up the case, and if anything should happen which is of interest, he will communicate it to the profession.

PER-VAGINAL ENUCLEATION OF THE UTERUS, WITH SPONTANEOUS CLOSURE OF THE PERITONEAL OPENING WITHOUT SUTURE.—Dr. L. C. Lane, Professor of Surgery in the Medical College of the Pacific, writes the following to the *Pacific Medical and Surgical Journal*:

About the first of February, I was consulted by a lady from Stockton, affected with an epithelial cancer, seated in the neck of the uterus. The history was the usual one of pain in the pelvic region, excessive menstrual flow, etc., for which she had consulted Dr. F. W. Todd, some time previously. Having become satisfied that the case was one of malignant disease, and one only to be met by surgical means, Dr. Todd advised and performed ablation of the affected portion of the cervix. Recovery was rapid, and for a time it seemed probable that the disease had been cured. About the last of January, however, signs of recurrence manifested themselves, when, through the advice of Dr. Todd, the lady was sent to this city. On examination, I concurred in the diagnosis of epithelioma, which, it should have been stated, had been

verified by a leading microscopist, and I advised enucleation of the entire organ.

This operation was done at Stockton early in February, by myself and Drs. Todd, Ruggles, Eddy, Phillips and Farnum, in the following manner: The woman being placed on her side, the posterior vaginal wall being retracted by Sim's speculum, and the uterus being prolapsed by traction with Pean's tenaculum forceps, an opening was made through the fold of Douglas, when the fundus uteri was caught with the extracting forceps, and made to so revolve about its transverse axis that the Fallopian tubes and ovaries were brought low down in the pelvic excavation in such a manner that the base of the tubes and accompanying arteries became accessible and easily ligated. Ligation was done with strong silken cord, so passed through button holes in the broad ligaments that they could not afterwards slip off. This portion of the operation was completed in fifteen minutes, but the detachment of the organ from the bladder was long and tedious, but finally successfully done, without opening that viscus; yet so thin was the remaining vesical wall that the luster of the catheter, which served as a guide, at times could be seen. The organ being removed, the pelvic excavation was rinsed out with a one-per-cent. solution of carbolic acid; a Nelaton flexible catheter was placed in the bladder; the pelvic excavation was filled with lint saturated with four per cent. carbolized linseed oil, and the abdomen covered with India rubber ice-bags. A drainage tube was so fixed alongside of the carbolized lint as to allow the escape of any fluids which should be passed out from the wounded surface. Under this mode of treatment, convalescence proceeded uninterruptedly towards recovery, which happy event was greatly favored by the assiduous and intelligent watching of the patient by Dr. Todd.

This, my second enucleation of the uterus per vaginam, differs from the first in this, that here the peritoneal cavity was freely opened, so much so that more than once during the operation the omentum protruded and had to be returned; and afterwards, no attempt was made to close the breach left in the peritoneum.

Though, as Don Quixotte says, "one swallow does not make a summer," yet I think it will be allowed that it is something of an approach towards it; and hence,

from the results thus obtained, enucleation per vaginam may claim precedence equally with, or even over decollation, scooping out and supra-pubic ablation, for the treatment of uterine epithelioma. For decollation leaves a part of the affected internal mucous membrane behind, since the disease rapidly climbs up to the fundus on the inside. Scooping is like one blind-folded trying to catch an enemy whose eyes are open; and the traumatic assault upon the organism in the abdominal section is much greater than that where removal is effected per vias naturales.

Besides the advantages just offered, a brief excursion into the domain of physics furnishes a few more in behalf of this mode of removal. Thus, when the dynamic energy of respiratory work is estimated, we find that two-thirds of it, to wit: the inspiratory effort, is favorable to drainage; and even during expiration the resistance of the intestinal gases hermetically closes the abdominal cavity. To the favorite method of scooping, to which Sims, the greatest of living gynecologists, has recently given such an impetus, the objection may be offered that the truncated vessels remain in the solid uterine tissue as so many doors wide ajar, through which the fugitive bacteria, monads, panum's poison, or what not, can find unchallenged ingress. But in the mode pursued in the above case, the wounded surface remaining is loose and relaxed, favorable to contraction of the blood vessels, and unfavorable to lymphatic circulation, as the experiments of Ludwig in regard to sanguinous and lymphatic circulation have demonstrated.

March 6th.—Through Dr. Farnum, who has just visited Stockton, I learn that the patient has so far recovered that Dr. Todd, the attending physician, has discontinued his visits; also, that after the lapse of the first week, the vaginal tampon and drainage tube were dispensed with.

PERSISTENCE OF THE HYMEN UNTIL PARTURITION.—(*Wien Med. Wochenschrift*, No. 51) Dr. Fred. (Baron) Buschmann reviews three cases which had been reported by Prof. Gustav Braun and adds another from his own observation.

Prof. B.'s first case was in a woman twenty-four years old. Her hymen was intact at the commencement of labor, the opening only as large as a bean, and with stiff, tough edges. Coitus has been carried

on *per urethram*, and an ejaculation probably occurred externally. During labor the hymen was torn by the head of the child, and afterward only a small remnant of it was to be found. Case two was in a fifteen or sixteen-year-old girl, nine months pregnant. The hymen showed no sign of laceration, but the index finger entered far enough to examine the cervix. When the finger was withdrawn, the hymen closed like an elastic ring. The history was, that coitus had been accomplished by the entrance of a very small penis through this ring. After parturition nothing remained of it. Case three was in a sixteen-year-old girl who was seen in the eighth month of pregnancy, and was found to have a virginal vulva and intact hymen. Coitus had taken place between the thighs. Before delivery the girl was married and the hymen ruptured.

The fourth case is reported from Dr. F. Buschmann's own observation: A girl, sixteen years old, was forced into a corner by a young man, and just as his penis touched the external genitals ejaculation took place. She immediately cleansed herself thoroughly, but her menstruation—expected ten days later—did not come on. When seen by the doctor, examination showed a well-developed girl with virginal breasts and vulva, and intact hymen with a small opening through which not even the little finger could be passed. From various symptoms the doctor gave the diagnosis of pregnancy in the fifth month. Four months later, at the commencement of labor, the hymen was still intact, and was not ruptured by the advancing head, but gradually disappeared as labor advanced.—*Am. Jour. of Obstetrics*, July, 1880.

These cases seem to dispose very effectually of the theories of a bombastic individual which were published in Seguin's Series of American Clinical Lectures and republished in the same number of the excellent journal from which we quote. Omitting italics—which are unnecessary and give the printer no end of trouble—this oft-repeated theory is as follows: "Impregnation never ensues unless the semen is thrown into the uterine cavity (or flows therein in a retroverted uterus with a very patulous cervix, which I very much doubt), and I totally deny the power of the sperma-

tozoa to be able to wriggle themselves from the vagina, over the cervix, through its canal into the uterine cavity proper. * *

* * * The fact is, the spasmodic action of the ejaculatory muscles is so great that, if the discharge were emitted outside of the vagina, the seminiferous fluid would be propelled several feet." Again, he refers to the cases on record of the impregnation of women who were in profound sleep or intoxication in these words: "Individually I do not believe one word of these fabulous histories." Of course, it is of very little importance what this individual "believes," for it is not a matter of faith, but of fact. We quote these cases and these teachings of a New York "professor" merely that such mischievous doctrines as those he enunciates should not mislead the unwary into giving erroneous testimony in medico-legal cases involving questions such as these discussed.

RESTORATION OF HAND AFTER COMPLETE SEPARATION FROM THE ARM.—Dr. L. L. Staton, Tarboro', N. C., reports in the *North Carolina Medical Journal* for May, 1880, the following case:

On Friday afternoon, Feb. 5, 1880, I was called to see Mary Sumlin, a white girl, aged eleven years, quite anæmic and rather small for one of her age. While helping her mother to procure firewood, she placed her hand in the way of an axe, and at one blow had it severed from the styloid process diagonally across the trapezium, passing through the scaphoid bone and posterior annular ligament, *dividing all the muscles, bones and blood-vessels, and completely separating the hand from the arm*, excepting a small portion of skin below the articulation with the ulna; the hand was hanging at right angles to the arm when I saw her, about thirty minutes after the accident.

I determined at once upon amputation at the joint above (the wrist), so returned to my office, a distance of half a mile, to procure the assistance of another physician; but finding this impracticable, I proceeded carefully to replace the hand, which was held securely in position with silver wire sutures and adhesive plaster.

In dressing the wound the patient complained of pain when I used the needle in

the arm, but none when it was used in the hand.

I secured the hand and arm upon a broad splint, and directed that they be kept warm by being wrapped in hot flannel cloths.

I saw her twelve hours afterwards; the hand was very much swollen; no sensation or pulsation could be detected, nor had she complained of any pain, but rested quietly during the night.

Saw her the next day; she now complained of a little pain, but the hand and arm presented the same appearance as the day before.

Saw her upon the third day; could now plainly feel pulsation in the hand; it had changed its color, and I now for the first time thought it possible to save the hand. From this time she did not have a bad symptom, nor was there any suppuration or secretion of any kind; the wound healed entirely by first intention.

I removed the sutures on the fourteenth day, and afterwards she carried the hand in a sling, and is now able to extend the fingers and grasp with nearly the usual strength. There is no ankylosis of the wrist joint, as I expected.

This remarkable case is not unique. Dr. A. J. Mullin, of this city, had one almost precisely similar, the particulars of which he stated to us several years since. We hope he may be induced to publish it in our columns.

MORPHINE IN THE TREATMENT OF PUERPERAL ECLAMPSIA.—Dr. C. C. P. Clark, of Oswego, New York, states (*Am. Jour. of Obstetrics*, July, 1880) that he has relieved if not cured a case of epilepsy by hypodermic injections of *one and one-half grains* of morphine at a dose, repeated in eight hours if threatenings of the attack persisted. The case was a girl of twenty-two years, who had had epilepsy for nine years. The warnings of the fits were so long before them that there was no difficulty in placing the patient under the influence of the drug before the attack came on. This enormous dose produced no drowsiness.

Dr. Clark considers puerperal eclampsia in all essentials identical with epilepsy and strongly advocates the same treatment. His directions are explicit: "A patient with puerperal convulsions should have forthwith injected into her arm, a grain and a half of morphine, *by weight*. If you guess

at the quantity, unless an expert at it, double the dose. Should the paroxysm return at any time after two hours, this dose should be repeated. And, if she be in labor, she should have another dose after eight hours any way.

That is all. This quantity may look large; but I am perfectly confident, after having tried it many times, that it is absolutely safe. I am almost prepared to swear that twice the amount, not repeated, would do no harm to a patient in a strongly eclamptic condition. I am sure it very seldom would."

Subsequently he offers this consolation: "It will help the timid to do this to remember, that, if the patient dies, her death will not be at all likely to be laid by the friends to our medicine; for it is well known that death in this disease is always by coma. Neither is it necessary for them to know how much of it you have given."

In a postscript, he is willing, in order that his remedy may have a fair trial, that his readers should commence with doses of only one grain, hypodermically, always. He is satisfied that the larger dose will be adopted after the effects of the small(?) one have been watched.

We hope our readers will proceed rather cautiously in adopting this, which certainly appears to us rather heroic treatment, especially if cremation has not been in vogue for some time in their neighborhood. A coroner's inquest might make the enthusiastic obstetrician's position anything but a comfortable one.

RAPID CURE OF SYPHILIS.—Jonathan Hutchinson (*London Lancet*) describes a case of secondary syphilis in a woman, the entire surface being covered with a scaly and papular eruption, who was severely salivated after taking the third of a series of mercurial baths. She was confined to her bed for a week or so, during which time all signs of the disease disappeared. He had never known such a rapid cure of severe secondary eruptions.

TREATMENT OF SPRAINS.—Dr. Brinton (*Philadelphia Med. and Surg. Reporter*) orders the injured limb to be placed in hot water and boiling water added slowly until the highest endurable temperature is attained. The limb should be retained in the water fifteen or twenty minutes, when the pain will be found to have disappeared in most cases.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - - AUG., 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

THE NATURE OF TUBERCLE.

There is no subject which is more interesting to the profession than tuberculosis, for it kills nearly one-fourth of our people. No subject is enveloped in greater obscurity, for the theories of its origin and causation are, none of them, accepted as true by the majority of practitioners. "Confusion worse confounded" overwhelms the student as soon as he leaves the halls of his school, and he no longer has his thinking done for him by his master. A comparison of individual views on the nature of tubercle would doubtless show a wide diversity of opinion among the physicians of any community. The most prevalent one being, probably, that the deposit has nothing of specificity and that it may have its origin in a multitude of conditions, malnutrition being the underlying element in all cases. The idea that tuberculization is a process analogous to septicæmia, the focus of self-infection being an imperfectly removed inflammatory deposit—one that has undergone caseous metamorphosis—has much to support it, and has been taught by some eminent teachers.

If the recent writings of the great Cohnheim are to be accepted, we shall have to go back to the earlier ideas upon the subject, to those of Laennec and Louis, that tubercle is something *sui generis*, specific,

in other words, tubercle is tubercle, in the same way that syphilis is syphilis and nothing else.

Cohnheim's paper, "Die Tuberculose vom Standpunkte der Infectionslehre," appears in the form of a very full abstract in the *British Medical Journal*, of May 8th. We purpose giving his principal reasons for considering tubercle as the product of a specific virus, and hence a contagious disease. This writer's ideas are derived from a careful study of experiments upon animals and of the anatomical distribution of tubercular lesions in the human subject.

Certain animals (rabbits and Guinea pigs) are found to be very susceptible to the virus. Tuberculosis is easily produced in them by inoculation, while others, like dogs, are very refractory. The determination that a given animal product is of tubercular origin is to be made by its producing tubercle when inoculated upon a susceptible animal. The inoculation of other matter may produce septic poisoning, but never tubercle. Inoculation may be made by introducing a *fresh* specimen into the subcutaneous cellular tissue, by causing the animals to swallow it, or by making them breathe an atmosphere charged with it by diffusing the material through it with an atomizer. When tubercular materials were taken into the stomach, the glandular structures of the intestines and mesentery were found filled with tubercle; when breathed, the bronchial and tracheal glands, the pleura and the lung structures were affected, while the abdominal organs remained free; when inoculated into the anterior chamber of the eye, the iris and choroid were first affected and the entire body subsequently; when the subcutaneous tissue received the virus, the nearest lymphatic glands first, and every structure of the organism subsequently, showed the specific deposits.

Cohnheim, therefore, concludes that the point of introduction should govern the subsequent localization of the deposit in

man. He accounts for its preference for the pulmonary structures by the fact that there is a greater probability of the infection taking place by way of the air-passages through the inspired air. Its most usual location in these parts goes to prove this also, for they are the same occupied by carbonaceous particles in miner's phthisis. In children, on the other hand, the digestive tract and abdominal organs are usually points of election, and he consequently gives prominence to the idea that infection takes place by way of food, such as milk, Klebs, Gerlach and others having shown the close analogy between tuberculosis of the cow and the same affection in man. The late tuberculization of the abdominal organs in pulmonary phthisis is easily explained by auto-infection, the patient swallowing some of his sputa. The rapid passage of these matters through the oesophagus and the modifying effect of the gastric juice hindering the development of lesions in these locations. The slow progress made by ingested matters through the small intestine favoring absorption and consequent infection.

The occurrence of deposits of tubercle in the meninges of children, all other organs remaining intact, seems difficult to explain. Cohnheim meets this with the suggestion that infection takes place through the nares and directly thence through the foramina of the ethmoid bone. The deposit of tubercle in diseased joints, the rest of the body remaining intact, is explained by the virus having obtained entrance into the blood and engrafting itself upon a tissue rendered susceptible by the presence of chronic inflammation.

The occurrence of acute tuberculosis is also explained. He supposes that the entire volume of the blood is suddenly charged with a large quantity of the virus. As Weigert has demonstrated, in such cases there frequently exists a local deposit of the material in a diseased gland, in the pleura or mediastinum, which may easily gain an

entrance into the circulation by way of a vein whose walls have been perforated, thus allowing a large quantity of caseous matter to enter the blood. Ponfick has found tuberculosis and tubercular infiltration of the thoracic duct in some cases.

The occurrence of hereditary transmission of tubercle is another difficulty. For him, the "tubercular diathesis" has no existence. Whoever has it is already infected—is already tubercular—and the proper circumstances only are wanting to set the morbid process in full activity. The virus may be transmitted through the sperm cell or the germ cell, and the progeny is affected accordingly. As hereditary syphilis shows itself, so does hereditary tuberculosis, only in the latter case the morbid phenomena are apt to be delayed for years instead of weeks or months.

Tubercle may remain localized, it may be eliminated from the economy, and hence, in a certain proportion of cases may be recovered from.

Such, in the main, is the theory of tubercle as taught by one of the greatest of modern pathologists. We leave it with our readers with the single comment that it appears to account for all the observed phenomena, and this cannot be said of any other theory of the kind.

IS IT FOR SALE?

"The St. Louis CLINICAL RECORD is one of our most sprightly exchanges, but seems to have sold itself out to Hammond and his man Spitzka—or Spitzka and his man Hammond, for it is impossible to state, at this distance, which is the head and which the tail of this remarkable combination."

This is from an Ohio journal of a recent date, and the provocation is the scathing review of Beard's pretentious book on "Neurasthenia," in this journal for June last. In justice to Drs. Hammond and Spitzka, we give the history of that review.

Messrs. William Wood & Co., probably having in mind a notice in our March number

that we should not hesitate to criticize adversely any book that deserved such treatment, sent us no copy of this one for notice. From an acquaintance with a large number of Beard's effusions we had a pretty good general idea of the character of the book. Hence, we purchased a copy from Wood's agent in this city, and sent it to Dr. Spitzka with a request that he would be unsparing in his criticism. Dr. Hammond knew *nothing* of the intended criticism until he read it in the RECORD. The remarks of the excessively courteous(?) gentleman from Ohio are, therefore, entirely gratuitous, so far as Dr. Hammond is concerned.

We would notify the editor before mentioned that the CLINICAL RECORD has never been "sold out to" any individual or combination, and, what is more, *it is not for sale*. We have a right to suppose, however, from the facility with which the Ohio journal suspects others of venality and corruption, that it is in the market. For this reason we have avoided advertising it by mentioning its name or the locality at which it is published. Our advertising columns are open to it at our regular rates.

Dr. Hammond has a large and lucrative practice, hence the opposition manifested by certain parties who are unable to earn a tenth as much per annum as he does. He also wields his pen in such a manner as to render his inferior opponents very uncomfortable. Hence their impotent fury whenever his name is mentioned.

Dr. Spitzka also has a fashion of telling the truth in a very sharp and effective style. As a scientific worker, he has left so many of his half-educated fellow laborers in the dim distance, that they very naturally feel hurt at witnessing his superiority. This is only a manifestation of one of the more unpleasant traits of human nature, which is unavoidable, we suppose, and hence must be endured.

We are not surprised that some of our contemporaries should exhibit a little ill-nature over the excellence of the CLINICAL

RECORD and the high standing of our contributors. Our independent position will be a standing offense to organs of low-grade medical schools and "little big men" generally. Our serenity remains unruffled, thus far, and we do not intend that the barking of "the little dogs and all, Tray, Blanch and Sweetheart," shall disturb us.

One word of advice to unappreciated scientists: If you fall behind your professional brother, it will be much more to your advantage to improve yourself by earnest study than to raise the cry of fraud, quack, etc. It is harder work to improve one's self than to make pretensions to knowledge, yet the former will be found to *pay* best in the end.

THE TANNER CASE.

We do not know that the experiment of prolonged abstinence from food, making in New York by Dr. Tanner, will prove of any great value to science. Instances of prolonged fasting are rather uncommon and possess a certain medico-legal value in relation to questions of survivorship, etc. Although it would be easy for the individual, Tanner, to impose upon his watchers, for we judge the guard has been an inefficient one from the newspaper accounts of the way it has been kept, we are willing to believe that the man has been honest and has not attempted to evade the consequences of his self-imposed test of endurance.

If he should succeed in keeping his fast for the full time he has set—forty days—we do not see how it will help any unfortunate who, in the future, happens to be cut off from his base of supplies by shipwreck, the caving in of a mine, or other accident. Even should *he* survive, the fast will not be unique, for the Herkimer county (N. Y.) lunatic out-fasted him by more than ten days. It would only show that Dr. Tanner has a peculiarity of constitution that enables him to go without food two or three times as long as ordinary mortals, and is of no greater value than the feat of Dr. Wind-

ship, who was able to lift three thousand pounds, or the performances of "India-rubber men" and other gymnasts of unusual natural aptitudes and training.

We do not suppose that every person can educate himself to fast unharmed for forty days, or even half that period; still it is possible that careful training would enable some to accomplish the feat or even exceeded it.

At this date (August 3d) the appearances seem to indicate that if the fasting man persists in following out his plan, he will do so at great risk to life. It would be very extraordinary if he should survive the fast, still more so if he should ever recover from the effects in case he lives to the end.

An attempt will be made to coin capital out of this case for the benefit of the medical sect—so-called—to which the fasting man attaches himself. In some way or other, it will be made as clear as the skies that Dr. Tanner has been persecuted, maligned and made a genuine martyr to the intolerance of the "regular" school. It will be paraded that because many people doubted his ability to carry out his self-appointed test, that the "regulars" have been defeated and utterly annihilated, so to speak, in case Tanner should survive. This kind of nonsense, of course, is of not the slightest consequence. Physicians of every shade of opinion are to be found who deny the possibility of such a fast being successfully and honestly carried out. Others are anxious to certify their credulity in advance, and believe every assertion of powers out of the ordinary claimed by almost any one, especially if he will, at the same time, roundly abuse science and scientific men. This will always command the enthusiastic support of not a few individuals.

OOPHORECTOMY—A CORRECTION.—One of Dr. Sims' assistants asks us to correct some statements of our New York correspondent in the July number of this journal, page 115. Dr. Sims' assistant is so unguarded

in his language and so emotional, as it were, in some of his phrases, that we are compelled to decline publishing anything but the short account of the cases of spaying reported by Dr. Sims to the American Medical Association:

"Dr. Sims reported four cases only. The first case, operated on December 12th, 1879, has been a complete cure.

Second case, operation January 12, 1880, resulted also in entire cure.

Third case, operation February 11, 1880, was a very peculiar one. The patient, twenty years of age, has been a *life-long sufferer*, yet she is gradually improving and 'bids fair' to become entirely relieved.

The fourth case died, as we believe, from the effects of the bromide of ethyl used as anæsthetic."

We assure Dr. Sims' assistant, that no one can have higher personal respect for Dr. Sims than our correspondent who reported the performances of the American Medical Association. The operation of spaying was attacked, and will continue to be the subject of attack, whether defended by such gentlemen as Drs. Sims and Battey, or by such persons as Pallen, etc. No wrong was intended Dr. Sims and none inflicted, so far as we can see.

Book Notices and Reviews.

TRANSACTIONS OF THE AMERICAN GYNECOLOGICAL SOCIETY, VOLUME IV. For the year 1879. 8vo. pp. 506. Boston: Houghton, Mifflin & Co. The Riverside Press, Cambridge. 1880. From the Secretary, Dr. Jas. R. Chadwick.

We have had occasion to direct attention to the Transactions of this young society as among the best of such volumes to be found in our literature. The papers have always been of more than average merit, the volumes have been edited with the greatest care and issued in such elegant style as to leave little to be desired by lovers of good books. The fourth of the series does not fall behind its predecessors, while it is less bulky than the third, it is,

in our opinion, really its superior in the value of the papers it contains.

The annual address by the President, Dr. T. Gaillard Thomas, on the Gynecology of the Future and its Relations to Surgery, is a scholarly and convincing argument in favor of the surgical treatment of the diseases peculiar to women as an indispensable adjunct to medical management.

Hints Relative to Intra-Uterine Medication, by Dr. Jas. P. White; Intra-Uterine Medication by Iodized Phenol, by Dr. Robert Battey, and the Treatment of Puerperal Septicæmia by Intra-Uterine Injections, by Dr. E. W. Jenks, with the discussions they elicited, covered the ground of intra-uterine medication very completely. A paper by Dr. J. R. Chadwick, records several instructive cases of sporadic septicæmia in gynecological practice, and was a well-timed supplement to Dr. Jenks' paper on the puerperal variety. Dr. Jenks regards carbolic acid and permanganate of potash as the best disinfectants for use in septicæmia, while Dr. Chadwick gives preference to the latter.

Dr. Samuel O. Busey contributed a paper on the Pathology of the Cicatrices of Pregnancy. This paper was "so able and scientific," to quote Fordyce Barker's remarks, that there was no discussion.

Dr. Paul F. Mundé contributed an exhaustive paper on Prolapse of the Ovaries. He very cautiously admits that removal of the displaced organs may become a matter of necessity in some few cases. He is evidently not of the number of those who would resort to spaying on all occasions.

Spencer Wells reports his first case of spaying for dysmenorrhœa, which was moderately (not entirely) successful in securing its object—removal of menstruation and consequent pain.

Dr. John Byrne contributed a paper on Kolpo-Cystotomy by Galvano-Cautery, which was a good argument for his own instrument. Paquelin's instrument is easier to manage and more trustworthy, and we

see no great advantage in the use of the galvano-cautery except such as may accrue to the manufacturer of the more expensive instrument.

Dr. A. D. Sinclair read a very valuable contribution to the study of sub-involution of the uterus, in a paper on Measurements of the Uterine Cavity in Childbed.

Dr. Isaac E. Taylor advocated the Early Application of the Forceps in the First Stage of Natural Labor. The paper was very elaborate and prolix, hence it is not strange that those who participated in the discussion were quite in the dark regarding its meaning. We confess that its obscurity is not lessened by the remembrance we have of the author's exploits in the lecture room. We have yet to meet the student who ever listened to Dr. Taylor with any advantage.

Dr. Wm. Goodell's Clinical Notes on the Elongation of the Cervix Uteri contains a refutation of Emmet's arguments (or assertions) that no such elongation ever exists. Dr. Goodell, with praiseworthy candor, confesses to two deaths after amputation of the cervix.

Dr. James T. Johnson adduced strong arguments to prove that mismanaged labor is the cause of much of the gynecological practice of the present day, which comes so near being the statement of a self-evident fact that President Thomas shut off discussion by calling for the next paper: on a Case of Extra-Uterine Pregnancy, with Successful Application of Electricity, by Dr. J. C. Reeve. This is a very important paper and should be read by every practitioner. To check the growth of an extra-uterine fœtus, and remove the dangers which inevitably arise from increase of such a growth, is a matter of the highest importance. Dr. Reeve accomplished this with Faradism.

The Relations of Symptoms to Versions and Flexions of the Uterus, by Dr. Ely Van de Warker, seems to have been written because the author was expected to read

something at this meeting. It is the most ordinary of common-place.

Dr. Byford's paper on Chronic Inversion of the Uterus, is an excellent presentation of the merits of the method of replacement of the inverted organ by elastic pressure, and its superiority over the forcible method of White.

Dr. Lusk's article on the Justo-Minor Pelvis is handsomely illustrated.

Dr. Nathan Bozeman comes to the front, as usual, with Kolpoecpetasis versus Partial Kolpokleisis. We have read so many of the author's contributions to the study of malformed vaginæ, that we confess to have read this one "by title" only.

Dr. Wm. L. Richardson described a new method of performing decapitation (of the fœtus, of course). He uses Braun's decollator and Ramsbotham's knife, one after the other, and appears to have secured some advantages by using both instruments instead of depending upon one alone.

Dr. Taylor contributes a second paper on Atresia of the Vagina, Congenital or Accidental, in the Pregnant or Non-Pregnant Female, which is likewise diffuse and of little value.

Dr. Henry F. Campbell, of Augusta, Ga., presented two remarkable cases of premature senile obliteration of the uterine cervical canal. Like everything from the pen of that eminent man, this paper, although short, is full of practical points and shows careful observation.

A sketch of the life and labors of Dr. Marmaduke B. Wright, of Ohio, one of the first-elected honorary fellows, by Dr. Parvin, of Indianapolis, closes the list of contributed papers. This memorial paper is in the writer's best style, which is praise enough.

An index of the contents of the volume, and one of the gynecological and obstetric literature of all countries for the year 1878, completes this excellent work.

The next meeting of the society will be held at Cincinnati, on September 1st, 2nd

and 3d, 1880. We shall take care to give a moderately full report of the proceedings in our October number. We hope to see more of our Western gynecologists and obstetricians distinguishing themselves at the next meeting. Heretofore they have been very modest in their demands upon the time of the society.

A SYSTEM OF MEDICINE. Edited by J. Russell Reynolds, M. D., F. R. S., F. R. C. P. Lond. Professor of the Principles and Practice of Medicine in University College, Etc. With numerous Additions and Illustrations, by Henry Hartshorne, A. M., M. D., Etc. In three volumes. Vol. III. Diseases of the Digestive, Blood-Glandular, Urinary, Reproductive, and Cutaneous Systems. 8vo. pp. 880. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: J. H. Chambers, sole agent, No. 305 Locust st. Sold only by subscription. Cloth, \$15; leather, \$18.

The title is almost a table of contents, hence very little need be said of the vast range of subjects treated of in this third and concluding volume. The American editor has made important additions to every part, greatly enhancing the value of this edition. We notice sections on the following diseases not treated of in the original: Cholera Morbus, Cholera Infantum, Trichina Spiralis, Bronchocele, Progressive Pernicious Anæmia and Spermatorrhœa. It strikes us as rather odd to find the latter affixed to the division of the work devoted to the *female* reproductive organs!

In the treatment of pelvic cellulitis and pelvic peritonitis, it is amusing to note the caution enjoined with reference to the use of the vaginal douche: "If there is no great tenderness of the vagina, a warm douche may be used night and morning, the injected water being slightly medicated with tincture of iodine or iodide of potassium, as recommended by Dr. Thomas," p. 849. In fact, Thomas is the only American gynecologist referred to in this relation. We must blame Dr. Hartshorne for not making the proper correction in this place. He ought to have known of Emmet and his

contributions to our knowledge. We shall quote one paragraph from Emmet's great work, which was issued many months before Dr. Hartshorne's edition of Reynolds, to show the woful shortcoming of the latter on this one point. After directing the patient to be put into bed, external heat applied, stimulants to be given with an opiate, he orders a hot-water vaginal douche to be given, and says:

"This injection should be continued literally *for hours*, if possible, and be repeated at short intervals. It is the only means we possess for aborting an attack of cellulitis, which *it will do, if thoroughly employed at the beginning*. The patient will be fully compensated for the temporary inconvenience and annoyance, since this treatment may prove the means of saving her, in all probability, many months of suffering."

The English Dr. Priestley is evidently "all at sea" regarding the treatment of this most important affection, and if Dr. Hartshorne was not particularly well versed in gynecology, as it would appear, he might have called some expert in the "American science" to his aid and have corrected such blunders as this one.

Regarding the work as a whole, we give it our earnest commendation. It places within the reach of the average physician a series of monographs, written by some of the most eminent men of the age, upon an extremely wide range of subjects. It is the latest and best cyclopædic work on practical medicine written in our language. The publisher has presented it in excellent style, while its extremely low price places it within the reach of every one who really desires to have a medical library of a high order, ready to his hand.

COMMON MIND-TROUBLES, and the Secret of a Clear Head. By J. Mortimer-Granville, M. D., M. R. C. S., Etc. Edited, with Additions by an American Physician. Crown 8vo. pp. 185. Philadelphia: D. G. Brinton, 115 South 7th st. 1880. Cloth, \$1 00.

The author thinks that many cases of incipient mental disease might be arrested

simply by an intelligent exercise of the will. Joseph Glanville (Query: Is our hyphenated author one of his descendants? and is his thesis the result of unconscious cerebration influenced by hereditary tendencies?) wrote something to the same effect, only he made a more general application of the principle (*sic*): "Man doth not yield himself to the angels, nor unto death utterly, save only through the weakness of his feeble will." Dr. M.-G. says, in effect: Resolve not to become insane and you will not!

Now, it appears to us that, in practice, this constant pre-occupation of the mind with a resolution not to give way to morbid tendencies, recommended by the learned gentleman, will have precisely the opposite effect from the one hoped for. If there is one thing more than another calculated to drive a man mad, it is the constant introspection advised. Diversion of the mind away from one's self, recreation, travel, change of scene and of occupation and physical exertion within reasonable limits are far more commendable as "moral agencies" for the relief of "common mind troubles" than the self-inspection here so strongly recommended.

The "secret of a clear head" is to keep well and behave one's self in a respectable and proper manner. In other words, a clear head requires the due performance of all the physical functions. A proper training, such as every well-educated child ought to receive, in self-control and punctuality, are essential, of course.

On the whole, we do not find that Dr. J. Mortimer-Granville has added anything of importance to the common stock of human knowledge. His essays are written in a tone of lofty superiority which is amusing, to say the least. For popular reading we may safely commend this little book. Two chapters, on Mental Languor and Listlessness, and on Morbid Fear, have been added by an anonymous American editor, in which we find the same tone as in the author's writings. Like them, they contain nothing

new or startling. In fact, throughout the range of literature there is no book written with less harm in it.

A PRACTICAL TREATISE ON SEA-SICKNESS: Its Symptoms, Nature and Treatment. By George M. Beard, A. M., M. D., Etc. 12mo. pp. 74. New York: E. B. Treat, No. 757 Broadway. 1880. Flexible cloth, 50 cents.

"The sum and substance" of the latest effusion of this versatile writer "you may sum" in the sentence beginning the third chapter:

"The best treatment of sea-sickness is to prevent it, and the best way to prevent it is to take large doses of bromide of sodium, say thirty, sixty, and ninety-grain doses, three times a day, three or four days before starting, and keeping this up while at sea, until there is well grounded reason to believe that all danger is over."

On page 19, he states that "the phenomena of the disease have thus far remained unknown to science." The profession is evidently very blameworthy, but Dr. Beard must also come in for his full share of censure, for on the next page he declines to give an exhaustive list of the symptoms. This is really too bad. We had been kept "on the tip-toe of expectation" only to find our bright hopes dashed to the ground.

Page 28: "It is said of the philosopher, Darwin, that he has not yet recovered from the effects of sea-sickness on the ship 'Beagle,' forty years ago, and it is asserted that his invalidism is the result of sea-sickness, acting on the nervous constitution which all great thinkers have." Dr. Beard has been to Europe twice, as he takes care to tell us, and has been sea-sick. Are we to infer from this that he is "a great thinker?" We presume so, but regret that the evidence is so scanty.

The book is full of references—mostly to "my work on Neurasthenia," and very little to any one else's works. Altogether, we must say that it does not belong to the highest order of medical literature, although

we presume it will have to be placed in that class. We find the usual number of this writer's pet phrases: "reasoning deductively," "step in the right direction," "fact of great interest," etc., etc., etc. These are very pretty, but they do not add anything in particular to our knowledge.

Dr. Beard expends a great deal of time and printer's ink in asserting and reasserting that sea-sickness is a functional disease of the nervous system, that Americans are more nervous than other people, and therefore, that Americans are more subject to sea-sickness than other people. The great book of the future: "On American Nervousness," is balefully foreshadowed. We await its appearance with the same resignation as we do the annual Fourth of July detonations. The children must be amused—both those of tender years and of larger growth.

THE PRACTITIONER'S HANDBOOK OF TREATMENT; or, the Principles of Therapeutics. By J. Milner Fothergill, M. D., M. R. C. P. Lond., Etc. Second American, from the second English edition, enlarged. 8vo. pp. 647. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Printing Co. Cloth, \$4.

Three years ago we gave this work a most enthusiastic welcome. We are glad to see that our estimate of its value has received the unanimous endorsement of the profession, and that a new American edition has been called for at such an early date.

While this is mainly a reprint of the first edition, some important additions have been made. Among these we note an addendum to the second chapter on When Not to Give Iron, which was published in the *Practitioner* for September, 1877, and has been given a wide circulation through the periodical press such as its great merits deserve. At the end of Chapter XXIII is given a short resumé of some valuable papers contributed to the *British Medical Journal* by Dr. W. Roberts, of Manchester, on the digestive ferments. A part of these arti-

cles on partially digesting foods before their introduction into the stomach by the addition of pancreatine has already appeared in this journal. It is an important subject and worthy of more study than it has yet received.

In the chapter on the digestive system (XVI) good use is made of Murchison's studies on the functional disturbances of the liver, and in that on the respiratory system the author's observations on the use of belladonna and strychnia in pulmonary affections are epitomized. This part of the work, although taking up but a small space, is very valuable. In the eighteenth chapter, a few pages on reflex troubles arising from ovarian irritation are added and give still greater value to a very excellent section. Two or three pages, most admirable ones they are; are quoted from Flint's Clinical Medicine, on the Professional Conduct of Physicians. The author strongly commends them to his readers, and they are, indeed, well worthy of attention.

In conclusion, we repeat our former strong endorsement of this very useful volume, and hope every practitioner will study it thoroughly and carefully.

THE PROBLEM OF HUMAN LIFE: Embracing "The Evolution of Sound" and "Evolution Evolved." With a Review of the Six Great Modern Scientists, Darwin, Huxley, Tyndall, Haeckel, Helmholtz and Mayer. Second Edition. Demi 4to. pp. 527. By A. Wilford Hall. New York: Wilford Publishing Co., 234 Broadway. 1879. St. Louis: John Burns, agent, 717 Olive st. Cloth, \$3.

Howells, in his "Undiscovered Country," characterizes the so-called modern spiritualism as "not spiritualism at all, but materialism—a grosser materialism than that which denies; a materialism that asserts and affirms, and appeals for proof to purely physical phenomena." This is what may be said with strict regard to truth of this volume. Darwin, Spencer, Huxley, Tyndall and their followers have been termed materialists, but none of them, so far as we

have been able to learn, has ever taught that sound, light, heat, electricity, magnetic force and gravitation were *substances*. This is claimed by Mr. Hall, and he evidently thinks that this ultra materialism is the only escape from Darwinism or the theory of the evolutionists.

The author disproves no single point raised by the writers he assumes to review, and advances no proof in favor of his absurd new theories, which, by the way, are not new.

We have examined this book out of courtesy to several well-disposed friends, and write this notice at their solicitation. We hasten to crave our readers' pardon for taking up so much of their space with this matter.

CHIRURGIE ANTISEPTIQUE. Principes, Modes d'Application et Resultats du Pausement de Lister. Par Le Dr. Just Lucas-Championnière, Cherurgien de la Maternité de l'hôpital Cochin, Membre de la Société de chirurgie, Redacteur en chef du *Journal de Médecine et de Chirurgie pratiques*. Deuxième Edition complètement refendue avec 15 figures dans le texte. Paris: J. B. Bailliére et fils. 1880. From the Author.

The learned author is to be congratulated upon the success of his efforts to introduce antiseptic surgery into France. He has been its apostle, and to him more than to any other man, is due the present general acceptance of the methods of Lister by the surgeons of that country.

The first edition of this manual was intended to introduce Listerism, this second issue, greatly enlarged and perfected, has for its aim to systematize the method and render it accessible to all. We have given the work a careful examination and can say without reservation that it is the most complete hand-book of Listerism we have seen. In fact, we know of no book, in any language, upon the subject, anywhere near so complete. We hope some enterprising American will translate it for the benefit of our own surgeons, many of whom are still

unconvinced of the benefits of Lister's method when carried out intelligently and thoroughly. We need an "apostle of Listerism" in America as much as did France before Dr. Lucas-Championnière began his labors.

POST-MORTEM EXAMINATIONS, with Especial Reference to Medico-Legal Practice. By Professor Rudolph Virchow, of the Berlin Charité Hospital. Translated from the second German edition by Dr. T. P. Smith. 12mo. pp. 145. Philadelphia: Presley Blakiston, 1012 Walnut st., 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$1 25.

The renowned author of the Cellular Pathology has performed a most excellent service by giving the world a short, clear and readable manual of post-mortem examinations. This little book should be most carefully studied by every physician who ever expects to be called upon to conduct an autopsy. As this service may be demanded of any member of the profession, it will be seen that we hope to hear of rather extensive sales of this little work. A carefully conducted autopsy is one of the rarest of events—unless it happens that the dissector has had the advantages of European training. If the examination is not a thorough one, the record is valueless in courts of law. How to make it systematic, thorough and with the least expenditure of time and labor, are here taught as plainly as words alone can teach. It is a book to be studied, not glanced at; and its price is so reasonable that every one who wishes may obtain it.

AMERICAN HEALTH PRIMERS:—IX.

SEA-AIR AND SEA-BATHING. By John H. Packard, M. D., Surgeon to the Episcopal Hospital, Etc. 16mo. pp. 124. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents.

This handy volume is very seasonable and will be of benefit to everyone who visits the sea side for health or pleasure. Perhaps there is more about the New Jersey

coast and its resorts, especially Atlantic City, than was absolutely necessary, but this does not detract from the merits of the work. Chapters III and IV, on Bathing in the Sea and Accidents in Bathing, are very valuable.

We must take exception to one sentence in the introductory chapter, page 18: "Many a weary doctor would gladly end the day with a refreshing 'soak' in his tub, but the dread of his night-bell forbids." Now we submit that this is calculated to give the laity a very poor idea of the profession. If a doctor's anxiety about his night-bell is such as to interfere with cleanliness and proper personal hygiene, he had better take a vacation—go to the sea side, for instance. If he has been overworked, let him take his "refreshing soak" and send the importunate night-caller to his underworked brother practitioner around the corner, and thus gladden his own heart with the reflection of having performed a good action, while at the same time, he attains that degree of cleanliness which is consistent with his position as a teacher of right living.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS, IV:—

A HANDBOOK OF PHYSICAL DIAGNOSIS, Comprising the Throat, Thorax and Abdomen. By Dr. Paul Guttman, Privat Docent in Medicine, University of Berlin. Translated from the third German Edition by Alex. Napier, M. D., Fellow Fac. Phys. and Surg. Glasgow. 8vo. pp. 344, with a colored plate and 89 fine wood engravings. New York: Wm. Wood & Co 1880.

It is scarcely necessary to write an extensive notice of a work which has received such wide-spread endorsement as the one under consideration. It has passed through three editions in Germany, been translated twice into the Russian language, twice into Italian, once into Spanish, Polish, French and English, the latter having been made for the New Sydenham Society, of London, and which now appears as an American reprint

in the valuable series for 1880, issued by the Messrs. Wood.

We have given the book a careful examination and find it well arranged, compact and sufficiently minute for the needs of the practitioner; for whom it has evidently been specially written.

We think the author is in error when he states (page 55) that we are indebted to Traube for the interpretation of *the pitch* of the percussion sound. If we are not greatly in error, it was the elder Flint who first clearly indicated the importance of variations of pitch in percussion and respiratory sounds, in 1852.

THE PHARMACOPEIA OF THE BRITISH HOSPITAL FOR DISEASES OF THE SKIN. Second edition. Edited by Balmano Squire, M. B. Lond., Senior Surgeon to the Hospital. London: J. & A. Churchill. 1880. From the Author.

We are under obligations to the eminent writer for a copy of this second edition. It is mostly a reprint of the first, which received such general commendation from the press and from dermatologists generally. The formulæ will be found very serviceable by all who have much to do with cutaneous affections.

LUCIE RODEY. A Novel. By Henry Gréville, author of *Savèlè's Expedition*, Etc. Translated from the French by Mary Neal Sherwood. Paper 12mo. pp. 218. Philadelphia: T. B. Peterson & Bro's; 306 Chestnut street. Price 50 cents.

We like a good novel. Especially do we confess to a *penchant* for good French novels. Alexander Dumas, père, Balzac, Eugene Sue and Victor Hugo, to say nothing of the lesser lights, have afforded us much gratification. The volume before us presents, we presume, a fair picture of French life, free from over-drawing, and highly respectable in tone. Two mis-mated couples with one mother-in-law, furnish the principle characters. All in all, it is an earnest plea for decent divorce laws for the divorceless French people. The French mother-in-law is a very excellent

person, as here delineated, and behaves very properly.

This is the editor's first attempt—maiden effort, as it were—at reviewing works of fiction. He is conscious of many imperfections, but hopes that in future he may be able to rise above the common-place levels of science and, perhaps, in time, attain that height of sentimental "gush" which is required of masters of romance reviewing.

BOOKS & PAMPHLETS RECEIVED.

WOOD'S LIBRARY, VI:—

THE SURGERY, SURGICAL PATHOLOGY AND SURGICAL ANATOMY OF THE FEMALE PELVIC ORGANS, in a series of plates taken from nature, with Commentaries, Notes and Cases. By Henry Savage, M. D., Lond., F. R. C. S. Eng. Third edition, revised and greatly extended. 32 plates and 22 wood engravings, with special illustrations of the operations on vesicovaginal fistula, ovariectomy and perineal operations. New York: William Wood & Co., 27 Great Jones street. 1880. St. Louis: C. C. Pease, 514 Olive street, sole agent. Sold by subscription only. Cloth, \$1 25.

WOOD'S STANDARD LIBRARY, VII:—

TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau and H. Pidoux. Ninth edition. Revised and Enlarged, with the assistance of Professor Constantine Paul. In three volumes. Vol. II. 8vo. pp. 299. New York: William Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, sole agent, 514 Olive st. \$1 25. Sold only by subscription.

TRANSACTIONS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, with the President's Address, at the Third Annual Meeting, held at the Park Avenue Hotel, New York, August 26th, 28th and 29th, 1879. New York: A. G. Sherwood & Co. 1880. Pamphlet, pp. 100. From the Secretary.

NASO-PHARYNGEAL CATARRH. By Martin F. Coomes, M. D., Prof. of Physiology, Ophthalmology and Otology in the Kentucky School of Medicine, Etc. 8vo. pp. 165. Louisville, Ky.: Bradley & Gilbert, publishers. 1880. Cloth, \$2.

SUPPLEMENT TO THE AMERICAN DISPENSATORY. By John King, M. D., Prof. of Obstet. and Dis. of Women and Children in the Eclectic Medical Institute of Cincinnati, etc., and John U. Lloyd, Prof. of Chemistry and Pharmacy in the same Institute. Cincinnati: Wilstach, Baldwin & Co. 1880. St. Louis: Book & News Co. Cloth, \$2.

THE PRACTITIONER'S REFERENCE BOOK. By Richard J. Dunglison, A. M., M. D., Editor Dunglison's "Medical Dictionary," Etc. Second edition, revised and enlarged. 8vo. pp. 476. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$3 50.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, at its Forty-Seventh Annual Meeting, 1880. Nashville: 1880. Pamphlet, pp. 160. From the Secretary.

MINUTES of the 24th and 25th Annual Meetings of the State Medical Society of Kentucky. 1879 and 1880. Louisville: 1880. Pamphlet, pp. 27. From the Secretary.

Miscellaneous Notes.

YELLOW FEVER has appeared in New Orleans. All the cases, two or three in number, were imported.

PROF. S. D. GROSS has gone to England to receive the degree of LL. D. from the University of Cambridge.

SPENCER WELLS performed ovariectomy for the *thousandth time*, on June 11th. Eleven only died of his last hundred cases.

MESSRS. MACMILLAN & Co. announce a new and greatly improved edition of Brudenell Carter's handy volume, *Eyesight: Good and Bad*, lately noticed in our columns.

EDISON, having failed to perfect the electric light, has consoled himself with inventing a new liniment, patented, of course. It is somewhat similar to the officinal chloroform liniment.

THE International Surgical Record, a weekly journal, devoted to surgery exclu-

sively, has just made its appearance in New York. Dr. A. Rose, 1 Chambers street, is the editor. Subscription, \$5 per annum. Special attention seems to be devoted to the trade interests of surgical inventors, who will doubtless give it a good share of their patronage.

MESSRS. HENRY C. LEA'S SON & Co. announce an important work on preventive medicine, by Dr. Benjamin Richardson, of London; a new and revised edition of Prof. Thomas' *Treatise on Diseases of Woman*; a work on medical electricity, by Professor Bartholow; a new edition of Soelberg Wells on the Eye, and that Prof. Harrison Allen's great work on anatomy will be published shortly.

MESSRS. D. APPLETON & Co. announce for early publication a seventh edition of Dr. Hammond's *Treatise on the Diseases of the Nervous System*, also a new work on insanity, by the same author. The latter is the first systematic treatise on mental diseases by an American writer. Bartholow's long expected work on the practice of medicine will be issued next month from the same press.

DR. L. V. NEWTON, editor of the *Druggist's Circular and Chemical Gazette*, of New York, died in that city on July 10th, 1880. He was a native of New Jersey, and for twenty-two years conducted the most successful journal in this country devoted to the interests of the profession of pharmacy. For the last year he took no active part in the business of the journal. He died of chronic cardiac disease.

MESSRS. WM. WOOD & Co. announce a supplement to Ziemssen's *Cyclopædia of the Practice of Medicine*, in the same style as the latter, in one volume of about one thousand pages. It will contain a summary of all advances made in the different branches of medical science since the appearance of the different volumes of the *Cyclopædia*. The work has been entrusted

to competent hands, and cannot fail to command a large support from the more intelligent of the American profession. The volume will appear early in the fall, immediately after the ninth volume of Ziemssen, which completes that magnificent work.

THE Quarterly Epitome of Practical Medicine and Surgery, is an American supplement to *Braithwaite's Retrospect*, so long and so favorably known to the profession of this country. It is issued by the same publisher, Mr. W. A. Townsend, 189 Broadway, N. Y. Subscription, \$2 50 per annum. The first number only has reached us, and it presents an excellent appearance, and seems to be a faithful compend of current American medical literature.

Science, A Weekly record of Scientific Progress, illustrated, is the title of a new venture which ought to receive every encouragement from all the intelligent classes of our population. It has already secured a most competent corps of contributors and makes a very good appearance in the first numbers which have reached us. It is edited by John Michels, who has secured such assistants as Prof. S. F. Baird, of the Smithsonian Institution; Prof. Marsh, of Yale College; Prof. Wilder, of Cornell; Dr. Billings, of the National Board of Health, and Drs. Hammond and Spitzka, of New York. Subscription, \$4 00 per annum. Address the editor, Box 8838, P. O., New York.

FOR SALE:—A Doctor's Residence in Richmond, Ind. Elegant brick house, with all modern improvements. Brick office, with mansard roof, hot and cold water, etc., one of the nicest and most convenient west of the mountains. Brick stable, with gas, harness room, force pump, etc., etc. Lot 100 by 122 feet. Very central, property first-class in every particular, title perfect. Can influence a large amount of practice for purchaser. Best of reasons for selling. Address J. H. MCINTYRE, M. D., Richmond, Ind., or Dr. P. H. CRONIN, 614 Olive street, St. Louis, Mo.

SUSPENSION IN POTT'S DISEASE.—E. Owen (*Br. Med. Journal*, Feb. 28, 1880) has tried the following experiment: A boy, ten years of age, with extensive caries of the dorso-lumbar vertebræ, died. Taking the anterior wall of the abdomen away and removing the viscera, he inserted a large pin into the body of a sound vertebra above, and another below the diseased structures, and then made a careful measurement of the distance between the pins while the body lay in the recumbent posture. Then suspending the body from the arms, another careful measurement was made, when no variation was found in the distance between them from that first observed. The impossibility of changing the amount of deformity at the diseased point was thus absolutely demonstrated. Sayer will continue to apply Bryan's plaster-of-Paris jacket, however, just the same as he has been doing for three years past!

We notice that the statement is going the rounds of the medical press that the members of the American Medical College Association have pledged themselves to adopt the three-years course after the coming session. This is incorrect, the resolution reads, *after* the session of 1881-'82. Stick to the truth, friends.

CAUSTIC CRAYONS, consisting of five parts of silver nitrate and one part of lead nitrate, melted together and run into suitable moulds, are preferable to sticks of ordinary lunar caustic. They are not so fragile and can be sharpened like a lead pencil.

SOME one remarks that it is a good idea for our patients to contract syphilis, for afterwards we can always cure them, no matter what the disease may be, by giving mercury and iodide of potassium.

THE Arkansas Medical Journal states that Dr. Tanner's experiment is watched with much anxiety by members of the profession in that State. They have a *personal* interest in the result.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, SEPT., 1880.

NO. 6.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FŒTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878-79, and 1879-80.

BY EDWARD C. SPITZKA, M. D.,

Late Professor of Comparative Anatomy and Embryology, Columbia Veterinary College; Curator and Pathologist to N. Y. Medico-Legal Society; W. and S. Tuke Prize Essayist; Hammond Prize Essayist.

LECTURE X.

With the development of that preliminary circulatory apparatus, whose features were roughly sketched in the last lecture, begins that metamorphosis of the germ layer elements which culminates in the production of distinct organs and the histological elements found in them in the adult.

As we have repeatedly had occasion to observe the segmentation spheres of the embryo were originally all alike, that is, one segmentation sphere compared with another would present no greater differences than are often observable between the cells of one and the same organ. It follows that the most differently shaped cells of the body must therefore have undergone a great many serial changes before reaching the state found in the adult. Taking, for example, a nerve cell and comparing it with a cartilage cell or a dental corpuscle, what an immense chasm seems to separate them; and yet they have a common origin.

This similarity of the ancestral elements extends, however, still further into embryonic life. At the period when the central nervous system has separated from the epiblast of the cutaneous expanse, the future nerve-cells, as the future cells of the organ of Corti, of the ventricular ependyma, of the regio-olfactoria, of the tongue surface and the pavement epithelia of the skin are all as yet only cubical or cylindrical epithelia varying a little in their dimensions.

In like manner it would be impossible to determine from the optical character of a cell in the mesoblast, what its histological destiny will be. It may become a red or a white, a splenic or a lymphoid corpuscle, an endothelial or a muscle cell, become metamorphosed into elastic or inelastic connective fibres; bone, cartilage fascias, vascular networks, serous expansions, these all are the product of cells which, in the stages we have so far considered, are not distinguishable from each other.

But while histological individuality and organic order are thus evolved from an apparent heterogeneity, it must not be supposed that this occurs in a chaotic and arbitrary manner. Cells destined to constitute organs of one and the same fundamental histological character are always more closely like each other in earlier stages of development than those devoted to the construction of other systems. The epiblast devoted to the external epithelial structures, thus resembles in its elements the hypoblast from which the internal epithelia are derived. The elements of the

mesoblast devoted to the construction of the lymphoid glands, have characters separating them from the elements from which the tubular glands arise, and those different tissues collectively designated as the connective substances show their fundamental harmony by the close similarity observed between their original elements.

On the shape, mutual relations, derivation and arrangement of cells and the tissues composed of cells, depend the shape and structural characters of organs. The history of the development of organs is consequently intimately coupled with that of tissues, and consequently the embryonic morphology would be an imperfect study, if we did not at the same time that we study the derivation of shapes and relations, observe the derivation of the histological structure, or *histogenesis*.

In the sequel, therefore, we will trace individual structures both from a morphological and histogenetic point of view.

The *chorda dorsalis*, which is the fundamental characteristic of all vertebrata, being found in the amphioxus as well as in the human embryo, is only a temporary structure in man and the highest vertebrates. Running from just behind the cerebral hypophysis (pituitary body) to the tip of the tail, it constitutes the axis around which those elements of the mesoblast are concentrated which are devoted to the building up of the axial skeleton, that is, the skull and the vertebral column.

The elements of the protovertebræ wander to and around the chorda, constituting the chordal sheath, more and more cells accumulate partly by cell division, partly by the wandering of new cells, embryonic white blood corpuscles, and as soon as the resulting mass has attained considerable thickness it is observed that the cell outlines have become lost, their protoplasm running into one common mass, while their nuclei retain their individuality. This mass, a uniform blastema, therefore, with imbedded nuclei, is the first trace of the

future vertebral column and the basilar part of the skull.

The vertebral mass does not develop in a regular continuity, it finds an existing obstacle to a uniform growth. If it did not, we, like the lamprey, would have an unsegmented vertebral column. The obstacle in question consists in the very large intervertebral ganglia of the embryo. Where these lie, the vertebral substance has no opportunity for accumulation, and therefore is more massively developed *between* each of two such ganglia on each side of the median line.

The result is, that as the gelatinous chorda is compressible, and is encroached on by the vertebral material deposited intermediate to the ganglionic areas, that it becomes attenuated in the intermediate space and bulged out in the latitude of the ganglia. Thus the site of the future intervertebral cartilage is already determined by the chordal swelling and the intervertebral ganglia, while the sites of the bodies of the vertebræ are determined by the intermediate cell masses. At the same time the latter are determined in their position by another factor. The cell mass of the future vertebral column not only accumulates around the chorda, but also grows up against the sides of the medullary tube. Now, obviously, it can not do this where the intervertebral ganglia and the nerve roots constitute a mechanical obstacle, they therefore grow up between them, and as they finally overlap the medullary tube and meet their fellows of the opposite side, we have a series of individual and separate *arches* planted on the segmented vertebral body mass.

With the complete isolation of the latter from each other, which is the result of the tension exercised by the developing muscles on the one hand, and of certain conditions of growth on the other, we find that the mass corresponding to the vertebral body shows a complete disappearance of its chordal center, and that its proper structure

begins to resemble that of hyaline cartilage, while the cell mass around the chordal enlargement undergoes a metamorphosis into fibrous connective tissue, destined, as it is, to constitute the intervertebral menisci.

Thus, we have differentiated a series of bodies, strung, as it were, on the atrophying *chorda* and separated by the menisci, and in addition each body has an arch overtopping the medullary tube. Now it must not be supposed that each arch encircles the medullary tube (spinal cord) in a uniform plane. If we imagine the spinal cord and the series of vertebral bodies to lie in a horizontal plane, and imagine enlargements on each side of the cord, representing the intervertebral or spinal ganglia, and now trace the pedicles of an arch as they rise out of a vertebral body, we will observe that it does not rise up perpendicularly, but as soon as it has reached a level higher than that of the spinal ganglion behind it, it passes round the cord in a plane inclined backwards, so that while encircling the cord it overlaps the ganglion behind it. Not only this, but as the succeeding vertebral arch is similarly inclined backwards, it overlaps the latter. At the point of contact develop the articular processes of the vertebræ.

Where the pedicle joins the lamina there is an interstice between the great dorsal muscular strata, and here the *true* transverse process develops. In like manner the spinous process develops in an intermuscular septum on the median line, at the junction of the laminae of the arch.

In addition there develops from the side of the vertebral body a second transverse process, which should be known as the rib process, it, like the transverse process proper, extends out among the metameric muscular processes of the bodily flank.

The typical vertebræ develop all of these accessories, they are only more or less modified in different regions. In some cases the embryonic foundation of a pro-

cess or arch is laid, but subsequently disappears.

In the *head* region the development is not typical, and we will take it up separately later on.

In the *cervical* region we find all the characteristics of a mammalian vertebra developed; we have a body, an arch, and either rudimentary or well developed spines. The transverse processes and rib processes are *both* present, the latter being represented by the anterior part of the large lateral mass, which conventional anatomy erroneously terms the transverse process. Just as the thoracic ribs run from the dorsal bodies and enter into articular union with the transverse processes, bounding a space between the latter, the laminae and themselves, so the homologue of the rib rises from the cervical body and joins the true transverse process, enclosing with it the foramen for the vertebral artery. The lateral mass, designated in our current text books as the transverse process of the cervical vertebræ, thus, in reality, consists of a transverse plus a costiform process. The latter differs from a dorsal rib only in being immovably soldered to the body and its fellow process. But in the sloth and some other animals it develops into a genuine and movable rib.

Nothing is to be specially said about the dorsal vertebræ, their development being typical.

In the case of the lumbar vertebræ the true transverse processes shrink and are represented by the mamillary spines or eminences, while, what is designated the transverse process in human anatomy is, in reality, the true rib, of which truth we will recognize the crucial proof when we examine into the history of the ribs.

The sacral vertebræ undergo the well known secondary coalescence into one bone, which latter, even in advanced life, shows the ossified sites of the once fibrous intervertebral menisci. The spinous and transverse processes correspond to those of the

lumbar vertebræ, but are much more reduced even, while the homologues of the ribs fuse laterally to constitute the lateral sacral mass, with which the ilia are destined to articulate.

The caudal vertebræ are developed around that part of the chorda dorsalis which constitutes the root of the human tail, they do not develop anything beyond the centra or bodies, while no vertebral traces even are developed around that portion of the chorda which constitutes the axis of the free portion of the tail.

One of the most remarkable features in the development of the vertebral column is the metamorphoses of the first and second cervical vertebræ into vertebræ of rotation. This is accomplished by the secondary separation of the body of the first vertebra from its arch, and its fusion end to end with the body of its successor. The broken arch of the first vertebra is then closed by a secondary ossification of a ligamentous bridge whose homology is not quite clear. Thus it is that the atlas is a vertebra without a body, while that body has gone to lengthen the body of the axis in the shape of an odontoid process. In the lowest vertebrata the atlas has a body, but in a turtle, snake or bird, the body has separated from the atlas, but is not joined to the body of the axis except by ligament. In some reptiles the ventral part of the atlantic ring is also ligamentous. It is in the mammalia that we find the odontoid process in bony union with the axial body. How beautifully is the progress of ontogenetic development here followed by phylogenesis!

The human being also possesses thirteen ribs *constantly*, the last one, however, consolidates with its vertebra and constitutes the so-called transverse process of the first lumbar. There are even indications of a fourteenth rib. It is well known that thirteen ribs occur as a variation more frequently in the female than in the male, and still more frequently in the negro than in the white races. Thirteen is the regular

number of ribs in the chimpanzee, and even fourteen have been observed in the orang outang.* From a careful study of this subject Roseberg is inclined to believe that there is a tendency in the human species to lose the twelfth rib, another for the last lumbar vertebra to become sacral, and for the last sacral to become coccygeal. On all points but the last, which I am not decided about, I am inclined to agree with him. Certainly the human species is undergoing a transition in its deeper anatomy. It has lost the humeral foramen, the thirteenth rib, and exhibits a tendency to lose the twelfth rib, as well as the last molar tooth.

In our next we will consider the building up of that modified and important segment of the primordial vertebral column, composed of four cranial vertebræ, and known as the skull.

NEW YORK, 130 East 50th street.

Clinical Reports.

TRACHEOTOMY IN DIPHTHERITIC CROUP.

BY W. F. S. MURDY, M. D.

One of the first cases of importance in the beginning of my practice was diphtheria, that dire disease which has so long perplexed the physician, and brought dread and discomfort to so many firesides.

On October 31st, 1878, I was called to see a little boy, then not quite two years old. The family had just moved from a section in which diphtheria was epidemic. On my first visit the child had a temperature of 105° F., a quick, soft, compressible pulse, dry, hot skin, and continual jactitation, his fauces were swollen and inflamed, and though the characteristic diphtheritic patches were not yet visible, the history, together with the objective symptoms, led me

*The one dissected by myself had thirteen, two chimpanzees examined had same number.

to make a diagnosis of probable diphtheria, which was confirmed on my next visit, as the characteristic patches had then made their appearance on the tonsils and extended forward to the palate.

In addition to quinine and iron treatment I applied nitrate of silver, cauterizing the tonsils and other diseased surfaces as far as could be reached. Under this treatment all the diphtheritic exudation disappeared excepting that on the right tonsil, which still remained swollen with reformations of membrane. There was, also, an induration and swelling of the lymphatic glands on the same side. The temperature fell to $99\frac{1}{2}^{\circ}$, but the pulse remained persistently at 120, soft and compressible.

The case progressed pretty well till Nov. 7th, when, on entering the room, I was led to anticipate the advent of a new feature in the disease. The patient now had a hoarse cough, an anxious countenance, great jactitation and frightful dyspnoea. On examination, the membranous formations were found to have extended to the larynx and trachea, which announced the development of diphtheritic croup.

Auscultation of the lungs revealed a true rhoncus at both bases posteriorly; higher up the sounds were marked by a harsh, laryngeal expiration. Percussion, also, revealed an emphysematous condition of the lungs, the chest was abnormally convex. Doubtless the membranous formation had not only extended to the trachea and primary bronchi, but even to the bronchioles.

Before evening the dyspnoea became so aggravated and the face and extremities so livid that it was evident fatal asphyxia would soon occur. Tracheotomy was apparently the only hope if the dyspnoea continued, but permission to operate was denied by the parents. Later, considerable mucus being expelled by emesis, which was produced as a dernier resort, the patient breathed more easily.

He then remained comfortable most of the time till the evening of Nov. 8th, when

the dyspnoea again returned with renewed vigor. Emesis was again produced repeatedly without much benefit. The child was kept in an atmosphere continually moistened by the vapor arising from slacking lime.

The symptoms becoming more and more aggravated, on the morning of the 9th the parents were again informed of the hazardous condition of their child, and again urgently solicited to grant permission to operate. It was not granted. I called counsel. My counsel gravely told them of the almost necessarily fatal result, but added that by some effort of nature the membrane might be expelled. Not concurring with the latter opinion, I persistently urged giving the little sufferer what I deemed its only chance of recovery—tracheotomy.

Finally, gaining a reluctant consent from the parents, I immediately proceeded to operate, but did so under the protest of my assistant, as he thought it would be useless on account of the then moribund condition of the patient. This despondency of the medical assistant caused an increased reluctance of all parties concerned to allow the operation to proceed, but taking the child from its nurse, I handed it to an assistant and began making the superficial incision, which was made in the median line beginning opposite the lower margin of the cricoid cartilage and extending nearly as low as the top of the sternum, dividing the tissues as the depth of the wound was increased between the sterno-thyroid muscles. The incision was limited above by the lower border of the isthmus of the thyroid gland. I carefully divested the tracheal rings of their coverings, then waiting a few minutes till the hemorrhage had ceased, the knife was entered below and carried upward, dividing three tracheal rings. I now separated the divided rings with an aneurism needle held in each hand while the medical assistant introduced a double tube. At this juncture the child stopped breathing, and to all appearance seemed to be dying.

I immediately produced artificial respiration by a backward and forward motion of the chest on the abdomen, while the assistant manipulated the tube, winding out large quantities of mucus with a feather, which was passed through the tube into the trachea.

This condition of apnoea continued for thirty minutes before the patient attempted breathing of his own accord, and could only do so then by the aid of the assistance afforded. After about forty-five minutes the child breathed unassisted; the lividity of the face and extremities disappeared and the anxious look subsided into that of calmest repose.

The temperature, after the operation, was 100°, the pulse 100, the respiration 56 to 60.

From day to day large quantities of decomposed membrane, in a state of liquefaction, were discharged by the frequent removal of the inner tube, the discharge being very offensive. I used carbolized cloths applied to the wound and in close proximity to the mouth of the tube so that the carbolized vapor was constantly inhaled.

I gave quinine and iron in full doses, which was well tolerated by the stomach; also brandy and glycerine, equal parts, in teaspoonful to desert spoonful doses, every two hours.

The chief nourishment was composed of milk punch, egg-nog and beef tea.

The child gradually grew better till the eleventh day after the operation, when, to all appearances it was nearly convalescent; the swelling of the tonsils had subsided, the lymphatic induration and enlargement had disappeared, the temperature was now 99°, the pulse 95 to 100, the respiration 40.

I now removed the tube, and for the first time in eleven days the child breathed through the natural air passages.

By the natural resiliency of the tracheal rings they were gradually closed. The external wound was protected by a carbolized cloth which was bound down closely to

prohibit the ingress of any foreign substance, and in a few days the edges were united, leaving a smooth and almost unnoticeable cicatrix.

MOULTON, Iowa, Aug. 23, 1880.

CASE OF TYPHOID FEVER.

Unusual Complications and Sequelæ.

BY JOSEPH L. BAUER, M. D.

On the 24th of December, 1879, I was called to see a stout and robust German, aged about forty years. He stated that three days previously he had hauled a load of wheat to market, a distance of ten miles, the weather being cold and rainy. My examination disclosed bilious remittent fever, and I therefore administered a mercurial cathartic followed by four-grain doses of quinine.

The next day his condition had apparently improved, although the pulse was increased in frequency and temperature was higher. I advised cool ablutions and continuation of quinine. On the evening of this day he grew rapidly worse and presented a perfect picture of typhoid fever.

I shall not detail his individual symptoms, for my object is merely to chronicle the remarkable complications and sequelæ of the original attack.

For about a week and a half his temperature ranged between 103 and 106° F., and his delirium was low and muttering. During the time of this high temperature the treatment consisted of cold baths, ablutions, pack, and full doses of quinine. Whilst convalescing from his original attack, I was sent for again, when I discovered a restoration of the typhoid symptoms, with the addition of an inflammatory swelling in the parotid region of both sides, the skin was hot and hyperæmic and bases indurated. Supposing that it was simply parotitis, I advised painting the surface with iodine and the application of hot

fomentations. Notwithstanding, profuse suppuration supervened on both sides, the pus gravitated along the inner margin of the sterno-cleido-mastoid muscle. Fearing that further burrowing would produce fatal results, I summoned consultation and evacuated both abscesses. The resulting cavities were very large, and in consequence of the patient's bad nutrition the granulating surfaces were deficient in vascularity and healing properties; and long pieces of inflammatory membrane similar to that of diphtheria were washed out by the syringe. Stimulation with lunar caustic, iodine, carbolic acid lotions, and iodide of iron internally succeeded in creating healthy granulations.

During the whole course of the disease, and even antedating it, he occasionally suffered from retention of urine, but we had no difficulty in relieving it with antispasmodics. Whilst the abscesses were healing a complete retention of urine called me back to the bedside. No internal medication availed, and for five days in succession I was obliged to relieve him with the catheter. The patient became discouraged; another physician was suggested and I was discharged, to which change I willingly assented. The new physician found, as I had before him, a greatly enlarged prostate. All sorts of treatment was directed, but paralysis of the lower extremities ultimately resulted.

The remarkable point in the surroundings of this case was the death of his daughter, aged fourteen years, and the same of his farm laborer, the latter ten hours after the inception of the disease, the former of virulent typhoid; the latter from double pneumonia with strongly marked typhoid condition. The temperature in the latter case rose to 106° F. three hours after he went to bed.

The cause of these great disturbances was easily traced. The wife of the patient in question was a dirty, careless woman. Notwithstanding that they were in favorable

circumstances, every nook and corner of the house was filthy. Our nostrils had to be closed against the stench emanating from it. The water in the well was even with the ground, and numberless particles of dirt were floating in it. The cause of the disease is, therefore, self-evident. Either the intensely high temperature or the absorption of putrescent materials probably produced the complications. The paralysis was due to transverse myelitis, such as occurs occasionally in small-pox and other intensely septic forms of disease.

St. Louis, 519 Pine street.

Translations.

(Translated for the Clinical Record.)

PACHYDERMIC CACHEXIA (*Myxœdema* of English writers).—In a lecture by M. Charcot, reported by G. Ballet in the *Progrès Médical* for July 24th, 1880, we find a description of a case of myxœdema occurring in a man aged fifty-seven years. The patient has had this disease for seven years, and two years ago first consulted Professor Charcot in relation to his condition. The first symptoms appeared in 1873. The face and extremities began to become swollen, but the skin showed neither redness nor pain. His general health began to fail, his appetite was bad and this condition was aggravated from that time on.

In January, 1878, when he first consulted Prof. Charcot, he presented all the external signs of the disease as described by Dr. Hammond, in our July number, which we shall not reproduce here. The description is drawn from notes taken by M. Gombault at that time. Sight and hearing were enfeebled and the patient lost all his teeth.

The skin itself was thickened and hard to the touch—as Prof. Charcot says, there was a true pachyderma. This was especially marked in the extremities, and to a less degree over the scalp, thorax and abdomen.

He was put upon milk diet and not seen

again until June of the present year. His condition seemed then to be somewhat better, but the general symptoms were the same as before. All the internal organs and functions appeared to be normal. He has been able to resume a part of his former occupations, hence his amelioration is genuine. He has had occasional suffocative attacks, but the heart sounds are normal.

It will be seen that the disease affecting this patient is distinct from all others. It differs from scleroderma, ichthyosis, and cardiac and renal œdema by a thousand characteristics, or rather, it offers only a remote resemblance to them. As to the designations given, the one: myxœdema, is descriptive of the cutaneous lesions such as are found on *post mortem* examination, the other: pachydermic cachexia, gives the general clinical characteristics of the affection. The lecturer, of course, prefers his own terminology, which he thinks gives the dominant features of the clinical picture and gives with them, if not a more exact, at least a more vivid idea of the affection than the denomination of the English authors.

HEREDITARY SYPHILIS AND RACHITIS.—(*Progrès Médical*, July 31, 1880) Dr. H. Martin reports Prof. Parrot's clinic at the Hospice des Enfants Assistés, in which the latter claims that hereditary syphilis follows a perfectly determinate course of evolution and undergoes a series of regular transformations which are in constant and direct relation with the age of the patient, and that there exists a complete parallelism between the succession of its stages and the different periods of infantile life. This occurs in such a way that, being given the age of an affected child, we can, without seeing him, describe the eruptions with some exactness, if he has any, or, seeing only a portion of the diseased skin, we can tell the patient's age almost without mistake. In either case, should death occur,

it is easy to predict the lesions that the autopsy will disclose; and in an inverse way, if we are confined to the investigation of the cadaver, the changes found enable us to reconstruct the clinical phenomena. There is no other disease of which this can be said.

No one of the organic systems carries the imprint of this regularity of the morbid process more constantly, more deeply or more characteristically than the skeleton. Here is found engraved with almost mathematical precision the dates of the disease, or more strictly speaking, the forms it may assume, whether at the outset or by the series of transformations which it habitually undergoes. Among these pathological changes there is one, the last chronologically, to which he devotes special attention, this is rachitis. His special object, he states, is to demonstrate that rachitis has no other origin besides hereditary syphilis.

He long ago (1872) pointed out the syphilitic origin of certain cases of rachitis, and the fact is now generally admitted, but this cannot be said of the proposition that rickets has no other cause.

He admits that to say that rickets has hereditary syphilis as its sole cause; that it has no existence outside of it, because it is really merely one of its stages; and that, consequently, we must obliterate rachitis from the nosological table as a special morbid entity, is to clash with public opinion, is to attack a medical dogma. He was formerly of the popular medical opinion, but clinical and pathological facts have convinced him of his error, and every day adds to the evidence that his recent views are the only correct ones.

EARTHWORMS AND CARBUNCLE.—(*Jour. de Méd. et de Chir. pratiques*, Aug. 1880) M. Pasteur, the great champion of the germ theory of disease, has studied the carbuncular disease (*charbon*) and malignant pustule most thoroughly, and has recently supplied a missing link in its history.

It was found that the ground covering the bodies of animals dead of carbuncle was dangerous to sheep and cattle grazing in that neighborhood. Examination of the ground demonstrated the presence of bacteria and germ corpuscles, for many months, which were capable of infecting animals inoculated with them with carbuncle. In the month of August, 1878, a sheep that had died of carbuncle was buried in a farm garden at Béance. Ten months, then fourteen months afterwards, earth taken from over the burial place contained germ corpuscles which gave carbuncle to animals experimentally. This, although the earth had been taken from the surface, and, in the interval, the ground had not been disturbed. A similar experiment gave like results with earth taken from the surface under which a cow dead of carbuncle had been buried two meters (6½ feet). The difficulty of explaining the ascent of these microscopic germs for great distances and against the flow of rainwater, etc., was apparently insurmountable. It was found that these parasites were contained in the little cylinders of earth voided by the earthworms upon the surface of the ground, to which they ascend in the dews of morning or after rains. Among other germs, of septicæmia, of putrefaction, etc., those of this terrible disease were identified. The dust resulting from the disintegration of these cylinders is spread about upon the herbage, and thus it happens that grazing animals take it into their bodies and along with it the germs by means of which they become infected. In soils in which earthworms do not thrive, the burial of infected bodies is harmless to living animals. It is needless to add that M. Pasteur sustained his assertions by incontrovertible proofs before the Academy of Medicine.

PAIN AND STITCH IN THE SIDE IN PNEUMONIA.—(*Jour. de Méd. et de Chir. pratiques*, Aug. 1880) The nature and origin of the stitch in the side in pneumonia

are still under discussion. Laennec thought it was caused by a coincident pleuritis when it was well marked and very acute, but that a deep, dull pain might be present without pleurisy. Andral thought that there was always pleurisy when the stitch was present. Authors still are disagreed as to its interpretation. M. Bolar, basing his theory upon cases reported by Feltz and Fernet, the latter having observed well-marked inflammatory conditions of the pneumogastric, proposes a new explanation. He believes that the organic state of the pulmonary parenchyma modified by inflammation arouses in this organ a special state of morbid sensibility upon which depends the persistent painful sensation known as the pulmonary pain. Although thus modified, the lung conforms to the thoracic movements, inflating and collapsing so long as it is not reduced to inactivity by the disappearance of its cavities—up to the second stage. The pneumonic pain is always aggravated with each movement made by the lung, exactly as in inflammatory articular affections when a movement of the affected joint is performed. The stitch in the side is always intermittent, like the respiratory movements themselves, in which it differs from the pulmonary pain, which is continuous. Another demonstration is afforded by the fact that the intensity of the stitch varies with the force and extent of the respirations. With the second stage the stitch ought to disappear, and this is what really happens; the pulmonary spaces now being occupied by exudation, the organ ceases to perform its function temporarily.

According to this explanation, the stitch may be produced entirely independent of pleural inflammation, and it is not even necessary to suppose an intercostal neuralgia.

It is also known that these phenomena (stitch and pulmonary pain) are ordinarily proportionate to the patient's physical strength, and that they are often absent in old people and enfeebled subjects.

DIPHTHERIA IN RUSSIA.—A telegram from Kasan to the *Golos*, of July 16, states that diphtheria had broken out ten days before in the districts of Tchobeksary and Kasan. The mortality is great. The Governor-General had immediately taken the most energetic measures against the epidemic and to prevent its extending. Physicians, sisters of charity and nurses have been sent to the infected localities. All articles used by the sick are burned and the owners indemnified. The dead are not exposed in the churches, but interred at once in special pits and covered with lime. A diminution in the number of deaths has followed these measures.—*Progrès Médical*.

Correspondence.

EVOLUTION AND ITS OPPOSITIONS.*

Editor Clinical Record:

Those who, like the present writer, are in the habit of varying the even tenor of their more strictly professional labors by an occasional glance at the doings of medical rings, and, fascinated by the subject, are led to make a psychological analysis of some little-great man or other, who is the moving spirit or the instrument of such a ring, will be repaid for their diversion often to an unexpected degree.

A little-great man of the category referred to offers an at once pitiable and a ridiculous aspect to the medical historian. His "public" professional career is usually inaugurated by some ponderous contribution to way-side medical literature, that is, to the ephemeral journals that grace the list of the "dear departed" annually. Gaining confidence from the fact that some opponent does not step into the arena and

annihilate him at one blow, simply, of course, because his article is not read by anybody of consequence, he rushes to his state medical society and relieves himself of a still more laborious, still more unintelligible, and, fortunately, still less read paper, buried in that annual infliction, the volume of "transactions."

With this the average little-great man has established a "reputation" among his equals, the other little-great men. He is admitted to all the privileges and initiated in all the mysteries of the innermost mutual admiration circle of the state society, and as there are few members in that circle, even the most insignificant one may, in the course of the serial rotation in office, aspire to the highest dignity which his professional brethren can confer on him, namely, the presidency of the society. Here the average little-great man rests on his laurels. He has reached the pinnacle of his ambition. There are a few, however, of this category, whose aspirations mount higher; perhaps they awake to the rude reality some fine morning and discover that their writings are forgotten, that beyond their own circle the world at large moves on pretty much as it did before they were born, and that they must do something outside of the common run to attract attention. That they fall into the easy error of earning notoriety instead of a meritorious celebrity is but natural.

Dr. Grissom, of North Carolina, whose remarkable attack on Dr. Hammond has been abundantly noticed in the *RECORD*, an attack which has resulted in the introduction of a bill in the North Carolina Legislature legislating Dr. Grissom out of office, and another providing for an inquest into the Doctor's financial management of the Raleigh Asylum, which bills, unfortunately, were brought in too late to be passed on; which has also got the editor of the *American Journal of Insanity* into the hot water of a libel suit, has, in view of his want of success as a medical writer and his utter

* Medical Science in Conflict with Materialism. An address delivered before the 27th annual meeting of the Medical Society of North Carolina, held in Wilmington, N. C., May 13, 1890. By Eugene Grissom, M. D., LL. D.

failure as the champion of the American Association of Medical Superintendents, cut out for himself an entirely new road, if not to medical, at least to theological fame.

In an address delivered before the North Carolina State Medical Society, he departs from the accustomed rut followed in such speeches, which usually flounder harmlessly around the common center of "great and glorious profession," "wonderful nineteenth century," "the speculum," "the plaster jacket," "the duplex elliptic oxy-hydrogen balance spring obstetrical bed," and so on, and declares that it is the office of medical men to supplement the efforts of the clergy, and to prevent the spread of the Darwinian theory, which he likens to a "plague" doing "deadly work through moral corruption," to an "infection," and so on! Evidently Dr. Grissom has not lost a certain facility in the construction of those high-flown metaphors, for which his attack on the asylum reformers was noteworthy, and it may not be uninteresting to observe that just such metaphors are frequently resorted to by the insane of a certain species.

The Doctor fully comes up to his reputation in this new evolution. The discoverer of the "inchoate" nervous organism and "hereditary chemical bias," now makes his mark with the following:

"Mr. President, ladies and gentlemen of the city of Wilmington: There are times when the ordinary tasks of life are set aside before some supreme call of duty. He whose constant toil is due to save wife or child from want, may hasten to obey the louder call of his country, for his country's safety is the highest earthly welfare. *We honor the medical hero who turns aside from the ambitions of life and puts away its allurements to teach the course of some mortal infection with his own throes of agony.* We bow the head before that man who breaks from the safe inclosure of routine labors at home to fly to the distant abode of pestilence and death, that he may rescue the wretched, even though he should die with the dying."

The underlined words can refer to one of two things, either to Dr. Grissom himself, who, in showing up Darwinism in the light of a plague evidently does subject himself to considerable agony of spirit, or to Dr. Tanner, of forty days fasting notoriety. It cannot refer to any medical victim perishing of yellow fever, for we do not believe that the roll of honor of American medical men who died in the various epidemics, was disgraced by any such idiot as would have been the man who would deliberately catch the disease in order to illustrate it by his throes, with no other audience at hand than plantation negroes.

But to return to Dr. Grissom's argument(?): "there are occasions when we must step to the front with sanitary control over great cities and extensive communities to save them from the poison festering in their bosom." Instead of giving us the benefit of his ideas on the National Board of Health, as one might expect from this introduction, he follows it up with one of his dextrous turns: "May I not add that extraordinary movements in the currents of society may none the less demand the exercise of the moral influence accorded to the profession to neutralize noxious forces at war with true mental and spiritual hygiene among our fellow men?"

The rest we had to read over several times to become hardened against the outbursts of laughter which the first perusals provoked, and even now we do not feel able to comment on certain of the most extravagant passages with the necessary gravity, and can only recommend the reader to get the pamphlet and read it for himself. In fact, to comment at all upon the bulk of the paper would be an unpardonable abuse of the columns of the RECORD.

It is a jumble of quotations, and it takes us from "the heights of biology," whose "guns are leveled"—"the cool indifference that slices an egg to examine its cell growth" (what an idea the man must have of embryology?) all the way to the "Blow-

ing Rock of Watauga" and the last words of Tilbury Fox. He utilizes editorials in the *Churchman*, the *London Lancet*, the "Code of Medical Ethics," the obsolete "Human Species," of Quatrefages, the "Rev. Wm. Kirkus' Sermon at Baltimore," Newman Smyth's "Religious Feeling" and Jeremy Taylor's Sermons, to overthrow the dreaded doctrine of evolution. How can anyone deal with such a maze seriously? But there is one authority quoted whose words may suggest the true nature of the throes of agony into which the evolution doctrine has thrown him. Dr. Grissom quotes the following words from "The Borderland of Insanity," written by a certain Dr. Eugene Grissom, of North Carolina.

"Who has ever found himself or recognized another as a new being, gifted with a separate and independent mind, after the passage through a season of lunacy, even of years?"

Only we will not be so very positive whether the passage has at all been accomplished in this case.

Speaking seriously, the author never had the remotest idea of the subject he is endeavoring to discuss in this paper; not the most minute and infinitesimal conception of any of the sciences whose knowledge is an essential to even an intelligent dilettante approach of the subject ever penetrated his brain! That any state medical society could sit down and endure such ranting and delirious nonsense from so abjectly ignorant and superficial a source is simply discreditable. Any intelligent medical student, nay, any sophomore could have proven the speaker guilty of the grossest solecisms in each and every five minutes of his speech. We have read and heard a good deal advanced against the evolution doctrine, but nothing as yet so weak, so imbecile as the production under notice.

From the nature of the writings he quotes from, it may alone be inferred that but a very, very small portion of the thirty-one

pages of the pamphlet is devoted to anything that concerns the physician or anatomist, and that little we propose to dispose of very quickly: Page 10, he says, "How is the Darwinian theory to explain the isolation of groups of specific animals in various quarters of the globe, from the earliest ages of the world! How is it that there is no elephant in South America and no sloth in Africa, no camel in North America and no poached animal in Europe, no giraffe in Asia? Why, indeed, should there be no cosmopolitan animal in existence, man excepted, unless we rank as such the whale of the great seas."

If we thought that the primitive ignorance crystallized in this single sentence were associated with a real thirst for knowledge, we might have taken pity on the man and indicated a couple of text-books which it would be desirable to study before making such a melancholy exhibit.

1. The following pouched, not "poached" animals (as Dr. Grissom, evidently through neglect in proof-reading, has it, for rabbits and hares are "poached" animals in England to this day, as he will admit) have been discovered fossilized in Europe. In fact, they are the earliest marsupials known, *Thylacotherium Bucklandi*, *Microlestes antiquus*, *Phaseolotherium* (the very name means "pouched animal"), *Plagiaulax* and *Hypsiprymniopsis* (a kangaroo-like inhabitant of England in a very recent geological period). Unquestionable opossums occur in the gypsum beds of Paris.

2. Africa has not been explored for extinct sloths, but as there are living edentates there (*Orycteropus*), and Europe has yielded fossil remnants of gigantic sloth-like animals, we can only infer that in its day it was duly provided with that order of creatures.

3. A connecting link between the camel and other ungulates is a common fossil in North America (*Oreodon*, Leidy).

4. Fossil giraffes and animals connecting the giraffes with the cavicorn ruminants

(*Sivatherium*) were found in large numbers in the Siwalik hills of India by Cantley and Falconer.

5. Mastodons and elephants roamed over South America in large herds, their fossil remains are common in the pampas, and what is more remarkable, the mastodon was also an inhabitant of Australia.

The reader will see that whenever the dilettantic intermeddler touches the threshold of science he is only forging weapons for his adversary. We have refrained from humiliating the unfortunate writer and boring the reader with a list of the remarkable transition forms that occur in the old rocks. We are ready to admit, however, that no Grissom, or any connecting link between Grissom and man has been found outside the limits of North Carolina.

The Doctor, whose field of study is supposed to be the disordered states of the brain, symptomatized in insanity, does not even know the crudest anatomy of that organ, for at the bottom of page 13 he has the "temporal sphenoidal convolutions which form the *middle lobe* of the brain!"

In the face of all these evidences of a gross want of knowledge, he quotes Goethe *against* the evolutionists as saying "Nothing is more frightful than active ignorance." We agree with Goethe, and think that Dr. Grissom finely illustrates the proposition. For, aside from the signal evidence that he is frightfully ignorant in palæontology and cerebral anatomy, which we have adduced, he, by quoting Goethe on his side, demonstrates that he never read the chief works on the evolution doctrine, or he would have found mentioned in that of Haeckel that Goethe was one of the most outspoken advocates of evolution, decades before Darwin, Huxley and Haeckel wrote. Goethe discovered the vertebrate nature of the skull, the intermaxillary bone in the human infant, and furnished other powerful supports for the doctrine vainly assailed by Dr. Grissom.

But it is not only in palæontology, in

cerebral anatomy and in literature that Dr. Grissom makes a very unfortunate exposure of himself, he stumbles into astronomy and forgets which side of the equator the Southern States are on, or perhaps, after all, believes that Mason and Dixon's line and the equator are synonymous, for on page 19 he has, "Robert Lee, when with heart wrung in its inmost fibres, he bade farewell to the comrades of a life-time, and to the traditions of a past illumined by his ancestral history, to carve out another destiny for himself and his people, under the *Southern Cross*." The reader must bear in mind that all this bosh is enunciated, by an individual who, from an Ex-Confederate officer became a Republican politician, to conciliate a Southern audience. What relation it has to Darwinism no man alive, not excluding Dr. Grissom, could tell.

The intelligent reader will be shocked on finding in Dr. Grissom's speech that nihilism in Russia is the distinct outcome of the evolution doctrine. Dr. Grissom has not hesitated in the past to pervert the truth for his immediate purposes, and among the falsehoods which cover his 23d and 24th pages is the inference that the doctrines of free-love, murder and robbery are legitimate outcomes of the evolution doctrine. The chimpanzee has some advantages over Dr. Grissom, in the matter of love of truth, and we would rather have an anthropoid ape in our ancestral roll than a man behind his age, unable to recognize the advance of science, unable to adhere to the truth, and playing the part of a melancholy little pigmy ranting against the majestic march of human knowledge!

If there is any one, or any class of men responsible for the introduction of the truths of Darwinism to the community at large, it is not the advocates of that doctrine, but their opponents. While Darwin, Huxley, Haeckel, Gegenbaur, Marsh, Cope, Muller, Roller and such were advancing their propositions before scientific societies and studying the matter within their own

circle, the established churches rose and attacked them with ridicule and sarcasm. Sermons and popular tracts poured down on the devoted Darwinians, and these were compelled to step into the arena and to dispose of their antagonists before the same audience. The rabid antagonists of the evolution doctrine are responsible for its promulgation. The present writer was converted to it by a sermon and a popular geology written against it.

The battle has been fought and decided; a howl will be heard here and there, camp meetings and conventicles will teem with the old worn out saws, and science will, heedless of such manifestation, pursue its conquering march. But it is when senility, as in the case of Virchow, and mental overstrain as in the present case lead to the, however temporary reopening of the question before our own profession, that we take notice of it, if for no other purpose than to illustrate another dictum from that author so elaborately misquoted by Dr. Grissom:

"Es muss auch solche Kaeuze geben," which, freely rendered, reads, "Even such fellows must exist, as it takes many people to make a world."—Goethe.

One of the most unfortunate "give-aways" in the Doctor's paper is the following: "The moral plague has already reached the shores of America, and unlike its physical prototype, finds its victims first among the cultured, and the men of great if *unsymmetrical learning*. From the extraordinary freedom of our social economy, it must be expected to spread with more or less rapidity, and perhaps to reach an enormous development in the coming generation."

It is too true, every physician whose business interests do not demand that he shall be a church member, or a physician to some religious institution, if a man of any culture, is certain to be a believer in the evolution doctrine. What a pity, every naturalist, comparative anatomist and palaeontologist is a pronounced advocate of the

doctrine and contributes to its support by new discoveries every year! Baird, Gill, Leidy, Cope Marsh, Verril, Agassiz junior, Wilder and others of similar fame, in America, like Huxley, Darwin, Gegenbaur, Broca, Lacaze-Duthiers, Carl Vogt and others, in Europe, are men of "great if unsymmetrical earning," in this sense. How unfortunate!

Better be a man of little though symmetrical learning, like Dr. Grissom, that is, to dabble in astronomy, palaeontology, embryology, cerebral anatomy, theology, poetry, politics, war, law and school teaching, like the gifted ex-representative, decliner of the nomination for governor (offered by one citizen in North Carolina), ex-Confederate captain, ex-school teacher, ex-lawyer and, we trust soon to add, ex-superintendent, before us, who is "symmetrically" a failure in all these fields. Soon the feverish opponent of these men and principles will find no field in the medical profession. Dr. Grissom already hints that those of his way of thinking should become ministers of the soul as well as of the body. We take this to be his preparatory step to entering the ministry, and certainly consider him fitter for that than the medical profession. He possesses a gift of rhetoric which would make him an invaluable accession to a negro camp-meeting, and advise him to look up such, no doubt, congenial engagement. Or, perhaps the chaplainship of the House of Representatives of North Carolina is vacant!

* * * *

EUCALYPTOL AS AN ANTISEPTIC.

Editor Clinical Record:

I notice in the August number of the *RECORD* that Profs. Bauer and McIntyre, on June 29th, made use of eucalyptol as a spray and dressing after the extirpation of the mammary gland for cancerous growth, and that, so far as the writer knew, it was the first time it had been exclusively used for such purposes. Permit me to say, that

for almost two years I have been using various preparations of the eucalyptus globulus in my practice, that at the annual meeting of the Kansas State Medical Society for 1879, I called attention to its use and value as a surgical dressing, and at the annual meeting of the Society last May I read a paper on the subject and mentioned a few cases, the substance of which was published in the July number of the *Therapeutic Gazette*.

I have had far better success with eucalyptol than with any other antiseptic dressing, and think it should largely supercede carbolic acid. The July numbers of the *Therapeutic Gazette* and the *Kansas Medical Index* contain the substance of my experience and of some other competent surgeons on the use of eucalyptus.

T. S. FLOYD, M. D.

SEDGWICK, Kansas, Aug. 13, 1880.

INHALANT IN PERTUSIS.

Editor Clinical Record:

Allow me to call your attention to the following, being the corrected formula for the inhalant I recommended in pertussis:

R Ol. sassafras..... 3iij;
Ol. terebinth..... 3iv;
Fl. ext. belladon..... 3ss;
Phenol sodique..... 3iij.

M., Sig.—Shake well before using.

For inhalation as suggested in previous article. With respect,

E. J. BEALL, M. D.

FORT WORTH, Texas, Aug. 10, 1880.

ALGID TYPHOID.

Editor Clinical Record:

We have a form of typhoid fever prevailing here with some unusual characteristics. It is a continued fever with diarrhoea, eruption, etc., but on the eighth or tenth day extreme coldness of the hands and feet and intense heat of the head appear; some die in this cold stage, but if they survive it, an apparent convalescence follows for two or

three days, then bronchial irritation with a renewal of all the typhoid conditions for another ten or fifteen days. A few of the cases with the intense heat of head are not delirious.

Respectfully,

H. W. KENDALL.

QUINCY, Ill., Sept. 1880.

Extracts and Abstracts.

CALCIUM SALICYLATE IN THE SEROUS DIARRHEAS OF INFANTS.—(From advance sheets of King's County (N. Y.) Proceedings for September, 1880) Dr. Alexander Hutchins writes an extensive article, which we condense:

The fact that the writer has treated in private practice, within the past three months, some twenty-seven cases of serous diarrhoea in infants, ranging from two months to two and one-half years of age, using one drug only; that some of the cases were seen but once, many only twice, and none above four times; that, in all, the disease is known to have been promptly and permanently controlled, justifies him in putting this memorandum on record, that others may have the opportunity of testing its efficiency and studying the limits within which its usefulness may be relied upon.

His first experience occurred May 26th, and as the case was so pronounced and typical, a brief narration thereof will preclude the necessity of further clinical details.

"The 25th, 26th and 27th of May were three excessively hot days that ushered in the summer.

On the 25th, a child two years of age, in perfect health and in good surroundings, had been playing most of the day in the open air, exposed to the sudden onset of the intense heat. After a somewhat restless night, at four o'clock on the morning of the 26th, the child had a copious movement of the bowels, thin and discolored. Vomiting soon after occurred. Following speedily were other dejections, rapidly assuming the watery character. Accompanying these were frequent vomitings of a thin, watery consistence; after two hours the dejections became more frequent, varying from three to ten minutes apart, discharged without effort, sometimes small, then again profuse, always colorless. The

vomiting occurred after each ingestion of food, water or ice, and frequently independent of these, the rejected material being like the dejecta, watery and colorless; a rapid prostration ensued, the patient soon offering no resistance to the frequent changes of the napkins, and indifferent to the vomiting. For about twelve hours the temperature remained about 105° and the circulation about 140.

The case was in no respect an unusual one. The city is full of such experiences in the summer season. They are always exasperating, frequently and rapidly fatal. The difficulty in treating them is well known. The tendency to collapse is always imminent.

I commenced the calcium salicylate at seven in the morning, giving one and two grain doses every hour, and followed the treatment patiently till two in the afternoon, without making any impression on the frequency or character of the vomiting or dejecta. The condition was serious. It was my first experience in the use of the drug. I was timid as to deserting the old lines of treatment. However, at 2 P. M. I gave it in five grain doses, and the effect was, as near as may be, immediate. Within a half hour began a recognized control of the movements, a cessation of the vomiting and a lowering of the temperature, accompanied by a softening and moisture of the surface. The medicine was repeated every two hours till 10 P. M., when the disease was under control. But three movements occurred between that hour and morning, and on the following day a natural movement was voided.

The foregoing experience was repeated many times during the past two and a half months in cases closely allied to the one related. The indications of treatment seemed to be pretty clearly defined. Whenever the dejecta were of the serous character, whether the flux was more or less profuse, in all the cases where the tendency is to cholera infantum, when collapse is to be looked for from excessive drainage of the serum, the calcium salt acted promptly in checking the frequency of the movements—ultimately in controlling them.

* * * * * The patients ranged in age from two months to two and a half years. No discrimination was made as to diet, which, in some instances, was breast milk exclusively, in others, condensed milk, the patent foods or a mixed diet. In no

case was any modification of the previous diet called for, save in the matter of quantity. All the patients were in good social and hygienic surroundings. In two instances the infants were at their summer homes, and the telegraph and mail related the symptoms and conveyed the medicine. In all cases the dose was three to five grains from two to four hours. The total quantity consumed by each patient varied between six and eighteen powders. In a few cases minute doses of aconite and veratrum were given during the stay of the high temperature, and in other few, small doses of quinine were followed up after the subsidence of the disease.

* * * * * It was noted that the medicine seemed to have no influence in changing the secretions so as to modify the character of the evacuations. The discharges would be under control for a time, say from two to twelve hours, and the next movement would be a watery one, but there would be no further recurrence of the diarrhoea. There might be a return to normal movements, or there might be a change to a diarrhoea of indigestion, or to a diarrhoea from irritation of the mucous surface, each of which would require some special interference. These sequelæ were exceptional, but in no case did the serous discharge recur.

It was noted, likewise, that this treatment necessitated very little interference with the usual diet of the child. It would be nearer the exact fact to say that no interference was required. In the majority of cases the discharges were so promptly checked that an indigestion did not occur.

It was further noted that the calcium salt had no appreciable effect on any one of the other forms of intestinal flux, whether lenteric or inflammatory. The serous diarrhoea alone seemed to be amenable to this drug. Each of the other forms required special treatment.

An additional fact was noted, that the vomiting accompanying these diarrhoeas was controlled so soon as the medicine began to show its effect on the discharges. Certainly without exception the stomach tolerated the presence of the drug."

In every case, thus far, the writer has dispensed the medicine himself in the sick room or in the office. He had the knowledge of using a properly prepared drug, and the advantage of immediate service. Besides, he was scrupulously careful to

show the attendant how best to administer the medicine. By mixing the three or five grain dose in a teaspoonful of sugar, adding a few drops of water at a time till the whole is thoroughly moistened, and then thinning it with water so that it can be easily swallowed, is a sufficient device, though demanding a little patience.

The following prescription contains a five grain dose of the salicylate:

R Acid. salicylic..... gr. xxx;
Cretæ precip..... gr. x;
Syrupi 3ii;
Aqua 3xiv.

M. Two teaspoonfuls every two to four hours.

The form in which I have used the calcium salt would be represented in a formal prescription thus:

R Acid. salicylic..... gr. xxii;
Cretæ præparat..... gr. viii;
Misce accurate.

Divide in chart. No. vi. (gr. v.), vel. No. x. (gr. iii.)

Sig. one every two to four hours.

Two more facts of interest remain to be stated. In the process of mixing the powder an effervescence occurs, which alarms the attendant, but which the prescriber recognizes as due to the release of carbonic acid in the formation of the new salt. Also in the process of mixing, a pungent odor of chlorine is not infrequently perceived. Dr. Squibb informs the writer that this is probably due to the impurity of the prepared chalk. The prepared chalk of the shops is a residuum of the manufacture of chlorinated soda, and if the chalk be imperfectly washed an odor of chlorine will be perceived. This is an impurity of the drug and should be avoided.

This memorandum is submitted with what seemed to be a few needful comments. If this treatment avails in the recurring seasons, in this special form of diarrhoea, Mr. Kilner (who introduced it) may well be congratulated. If it fails, or if it be but occasionally and accidentally useful, it will be but one more disappointment to be stuffed into the bursting rag-bag of the ages.

EUCALYPTUS AS AN ANTISEPTIC.—Dr. T. S. Floyd, of Sedgwick, Kansas, read a paper on antiseptic surgery before the Kansas State Medical Society, at its last meet-

ing, in May, 1880, which is published in the *Therapeutic Gazette* for July, of which we make the following abstract:

Something over two years ago his attention was drawn to the probable value of the products of the *eucalyptus globulus* as a surgical dressing, and his first application was of the fluid extract in the following case: "A boy about twelve years of age came into my office, his hand covered with blood, and told me his fingers had been caught between a rope carrying a heavy weight and the edge of an iron pulley over which it ran; an examination showed the terminal phalanges of the first and second fingers to be severely crushed, and the joint of the second finger laid open. Believing that amputation would be necessary, and as his parents were not present, I straightened the crushed fingers on a slip of pasteboard and confined them with a few turns of a roller open at the ends, and then saturated the fingers and bandages with the fluid extract of eucalyptus, and sent the boy home, saying I would call and see him later. On my visit I found the saturated bandage almost as hard as a plaster splint, and the fingers giving no pain, as the bandage was open at the ends so that I could easily watch for any change that might demand interference. I resolved to allow the dressing to remain and apply through the open ends the fluid extract of eucalyptus, one part to seven of water. As neither pain nor suppuration supervened, this dressing was allowed to remain for ten days, when I removed it and found the fingers I had first expected to remove nicely healed; the joint was stiff and the nails were gone, but the latter have since grown out and the joint, under passive motion, recovered almost its natural mobility." Whenever the first bandage has been neatly and closely applied he allows it to remain until the wound has healed, in a large number of instances with entirely satisfactory results.

A case of amputation at the junction of the upper and middle thirds of the forearm for injury, operation, April 9, 1879, was dressed in the following manner: "Sponges and bandages soaked in a twenty-per-cent. solution of carbolic acid in water, and instruments washed in same, sutures and adhesive straps applied in the usual manner. The stump was enveloped in several folds of the thin muslin commonly called cheese cloth, and kept saturated with the

fluid extract of eucalyptus, one part to seven of water, this was the only dressing; there was very little pain or suppuration, and on the 28th, nineteen days after the operation, the patient was discharged, the stump healed nicely and needed no further surgical care."

In October, 1879, he obtained of Parke, Davis & Co., four different preparations of eucalyptus, "Numbers one and two containing all the bases, neutral and active principles in various proportions; number three, all the ingredients of the leaves in the same proportion as in the fluid extract except the resin; and number four was the oil. The first three are readily miscible with water, and can be used as a spray or as a simple dressing. The oil is readily soluble in an equal part of strong alcohol, and will mix with oil or paraffine; it is devoid of toxic action and is powerfully antiseptic. Lint, gauze, or muslin saturated with the prepared oil makes an elegant and convenient dressing, and agreeable in smell; it destroys all foetid odors without substituting another offensive one."

Experiments were made with an infusion of musty hay to test the preservative properties of the different samples. The common fluid extract and the oil proved perfectly antiseptic in action, while the extracts devoid of resin were worthless.

We have quoted at length from Dr. Floyd's article everything having direct reference to his use of these preparations in surgical dressings. We are unable to find any mention of the use of the oil (*eucalyptol*) as a spray or as a complete substitute for carbolic acid in all the stages of Lister's antiseptic dressing. The article referred to in Dr. Floyd's correspondence as appearing in the *Kansas Medical Index* for July, is mostly devoted to the uses of eucalyptus in medical practice, and its virtues in the surgery of wounds are not mentioned. In fine, although Dr. Floyd's papers are valuable and deserving of general attention, it does not appear that he has ever used any preparation of eucalyptus as a spray or has ever carried out the antiseptic method of Lister in its entirety.

ANTISEPTIC TREATMENT OF GONORRHOEA.
—W. W. Cheyne, M. B., F. R. C. S., con-

tributes to the *British Medical Journal*, an exhaustive paper on a new method of arresting gonorrhoea, which we present in abstract:

The extreme contagiousness of the disease, the existence of a distinct period of incubation, and the steady spread of the inflammation from a given spot, all point strongly to a parasitic origin. Pus taken from patients with this disease, when introduced into infusions of meat or cucumber, produced large crops of micrococci and bacteria, showing that these organisms are present in the gonorrhoeal pus. Niesser has shown the presence of enormous numbers of micrococci in such pus and in the products of contagious ophthalmia. He asserts that these organisms are always of definite size and differ from those found in wounds.

Assuming, as we may, that this disease is due to the spread of organisms, he is led to the supposition that they are not only free in the urethral canal, but that they are present in the inflamed mucous membrane. This is in accordance with the behavior of analogous organisms found in erysipelas and other diseases demonstrated to be of parasitic origin. He, therefore, supposes that at the time of infection a small number of the specific organisms, probably possessing considerable resisting power to the destroying action of the healthy living tissues, are retained in the urethra; that these go on developing; that the products of their growth irritate and weaken the mucous membrane in their vicinity; that the organisms can then penetrate into and live in that weakened tissue, and that the extension of this process over a portion of the mucous membrane of the urethra is the cause of the inflammatory symptoms. If this be true, and he thinks it is, in order to cure a case of gonorrhoea we should have to destroy all these organisms without at the same time injuring the inflamed and highly sensitive mucous membrane. Once these are destroyed, it is to be expected that the extension of the disease should cease and the mucous membrane return more or less rapidly to its normal state. The two substances available, as being powerfully antiseptic and at the same time but little irritating, are iodoform and oil of eucalyptus.

To apply these agents thoroughly and efficiently, he has them mixed with cacao butter and made into bougies of various

lengths. These are introduced well into the urethra and a strap of adhesive plaster with a pad applied over and around the orifice to retain them in the urethra. The bougie rapidly melts and the mucous membrane remains bathed in the antiseptic material for any length of time desired. From their size (that of a No. 9 or 10 catheter, tapering to a point) they, so to speak, unfold the swollen mucous membrane and thus cause the antiseptic to be more thoroughly applied than would be possible by the use of an injection.

His formula includes both substances, which he finds better than to use either separately, and is five grains of iodoform, ten minims of oil of eucalyptus (eucalyptol) in a bougie of forty grains. No symptom of irritation has followed their use.

The patient is told to empty his bladder, he then lies down on his back and a bougie from four to six inches in length is introduced and the orifice of the urethra is closed by strapping. The bougie ought to be dipped in eucalyptus oil or in carbolic oil (1 to 20) before insertion. He is then instructed to refrain from urinating, if possible, for the next four or five hours. If the case be severe and advanced, he takes another bougie home, and is instructed to introduce it in the same manner after he next passes urine. On that evening, or on the following day, he commences the antiseptic injection, which is either a saturated solution of boracic acid in water or an emulsion of eucalyptus oil. The latter is made of one ounce of the oil, one ounce of gum acacia in twenty or forty ounces of water. The injection should be used four or five times daily. On the third or fourth day, when the acute symptoms have subsided, an injection of sulphate of zinc (two grains to the ounce of water) is begun.

He has used this treatment in about forty cases, all successful. For a day or two the purulent discharge continues; but afterwards it steadily diminishes in amount, becoming, in four or five days, mucous, and ceases altogether in a week or ten days. At the same time the scalding, pain and symptoms of inflammation rapidly diminish and disappear completely in about thirty-six or forty-eight hours.

We hope to hear from some of our readers of their experience with this new method. The principle seems to be the correct one.

THALAMIC EPILEPSY.—(Abstract from *Journal of Nervous and Mental Diseases*, July, published in full in *Archives of Medicine* for August, 1830). Dr. Wm. A. Hammond, of New York, read a paper before the American Neurological Society, June 17, 1880, on this subject.

Whilst cases of the form of epilepsy which the doctor was about to describe had doubtless not been very uncommon, it happened that they had not hitherto received special attention. Dr. Hughlings Jackson had specified six varieties of epilepsy as including all known forms, but had not made loss of consciousness an epileptic feature. Dr. Hammond was convinced that there was no true epilepsy without loss of consciousness. This was an essential phenomenon without which there was no epilepsy. The other symptoms were the characteristic features by means of which differentiations were made. The cases under consideration were marked by unconsciousness; but the other symptoms were of such a character as to exclude them from any one of the categories mentioned by Dr. Jackson. A description was given of the cases upon which the views advanced in this paper were founded. That the optic thalamus was the center for perception as the cortex was for intellection was, to say the least, exceedingly probable. Every sense had then two stages in its full action; something was observed, that was one stage; it was more or less thoroughly understood, and that was the other stage. An illustrative experiment upon a pigeon was given. The intrinsic starting-point of every sensorial impression was an organ of sense, such as the eye, the ear, or the terminal ramification of the olfactory nerves. The starting point of an erroneous or false sensorial impression, illusion or hallucination, might be either the organ of sense concerned therein or the sensory ganglion of the optic thalamus. It could only elaborate the impressions which reached it from the sensory ganglion, and these were either true or false, real or unreal, accordingly as they came originally from the ganglion or were transmitted through it from an organ of sense receiving real impressions from without, and according as the cortex was in a normal or abnormal condition, would the ideas or beliefs formed from those transmitted impressions be normal or abnormal. All, therefore, that the cortex did was to take cognizance of present or former sen-

social impressions which it receives or has received from the optic thalamus, and to form ideas from them. In the cases which form the basis of the paper there were hallucinations without intellectual derangement. In these cases it was believed that the disease was confined entirely, or nearly so, to the optic thalami; nearly so, because the loss of consciousness which ensued showed that there was that necessary cortical disturbance without which there could be, in his opinion, no true epilepsy.

Again, an additional argument against the involvement of the cortex was found in the fact that there were no muscular spasms in either of the cases cited. Muscular spasms were, of course, not epilepsy, but muscular spasms combined with unconsciousness made a true epileptic paroxysm. From what had been said in the paper, it was thought that the following conclusions were fairly deducible: First, that there was a form of epilepsy, the phenomena of which were simply hallucinations and loss of consciousness; second, that the morbid anatomical basis of this type was located in the optic thalamus.

In the discussion which followed, Dr. Miles remarked that he could not agree that the optic thalamus was the center of sensation, according to high authority, it was rather at the head of the higher and more complex reflex actions.

Dr. Jewell differed very decidedly from Dr. Hammond as to the pathology of these cases. He thought the phenomena exhibited by the pigeon with cerebrum removed indicated only a highly elaborated reflex.

Dr. Webber thought it possible that in certain states the thalamus might excite hallucinations, or that the cortex alone might excite them, and hence the vision seen. He took exceptions to the restrictions made by Dr. Hammond in the definition of epilepsy.

As stated in the August number of this journal, we are in favor of Hughling's Jackson's views, and cannot see what physiological warrant we have for separating cases of this description which do not lose consciousness from those which do. There is certainly no difference, except in degree, between the two varieties. As to the pathology of Dr. Hammond's cases, the Scottish verdict, "not proven," must be recorded.

OPTICO-ILLIARY NEURECTOMY.—This proposed substitute for extirpation of a lost and painful eyeball is treated of very satisfactorily by Prof. Julian J. Chisolm in a paper read before the last meeting of the Medical and Chirurgical Faculty of Maryland and reprinted from the Transactions of that body.

After a brief history of the operation and allusion to the ten cases upon which he has operated and a description of the various procedures employed, he gives his own method, which we condense as follows: A single horizontal incision is made through the conjunctiva at the inner canthus at the upper edge and parallel with the tendon of the internal rectus muscle. By using strabismus hooks as retractors and gaping the wound excessively and aiding rotation of the eyeball by implanting a fine double hook into the sclerotic at the posterior pole of the eye, there is no difficulty in causing a perfect division of all the posterior ocular nerves by the aid of heavy curved enucleation scissors. If the method by muscle detachment be preferred, the conjunctiva, fascia and tendon should be divided as one substance; there will then be but little muscular retraction. In replacing the tendon he uses a stout silk thread with a fine curved needle at each end of it. The body of the muscle with conjunctiva can be transfixed through the opening of the wound by each needle, and needle points made to protrude on either side of the caruncula. If the thread be now drawn upon so as to leave the center of the thread as a loop against the inner face of the muscle deeply embedded in the wound, the future movements of the muscle will be under perfect control. Each needle is then entered anew at the respective upper and lower angles of the vertical incision and made to glide under the conjunctiva and come out over the tendon of the upper and lower rectus muscles respectively. In drawing upon the ends of the thread and tying them together as a suture, the divided muscle is drawn well forward and the eyeball resumes its normal position.

Of course there will be free hemorrhage from the vessels divided, but the blood is speedily absorbed, and the protrusion of the eyeball and swelling of the lids with ecchymosis disappear in a few days. Two of the ten cases only had to submit to enucleation eventually, the other eight being perfectly successful.

MANAGEMENT OF THE THIRD STAGE OF ABORTION.—Dr. Theoph. Parvin gives (*Obstetric Gazette*, July, 1880) the following directions for the removal of retained placenta and membranes in such cases:

"Suppose a case of incomplete abortion having hemorrhage which by its persistence or profuseness brings danger to the patient, or commencing offensive discharge that heralds a possible septicæmia, and then interference is imperative and must be immediate. Let the patient lie on her back, upon a hard bed, her hips brought to its edge, lower limbs strongly flexed; then introduce Neugebauer's speculum and bring the os fully in view, now catch the anterior lip with a simple tenaculum, or better, with Nott's tenaculum forceps, and then, if there be any flexion—and it is not uncommon in cases of spontaneous abortion to observe this—use gentle traction to straighten the bent canal; at any rate fix the uterus by the instrument. Now take a pair of curved polypus forceps of suitable size, or, better still, Emmet's curette forceps, and gently introduce the closed blades into the uterine cavity, open them slightly, then close them and withdraw, when the fragments of membranes can be removed, and the instrument reintroduced. Repeat this three or four times, if necessary, until all membranes or placental fragments are extracted. Then, by means of an applicator wrapped with cotton wool, swab out twice, or oftener, the uterus with Churchill's tincture of iodine—one of the best of local uterine hæmostatics if not one of the best of antiseptics. Finally, let the patient have ten or fifteen grains of quinia, and it will be very rarely, indeed, that her convalescence is not prompt and perfect."

OÖPHORECTOMY.—(Lawson Tait in *Brit. Medical Journal*) Mr. Tait has operated twenty-eight times. Of twenty-six complete operations but one patient died. Complete relief was obtained in eighteen cases; great relief in six; partial relief in one; incomplete record of one case, and one death. The operation was performed for the relief of dysmenorrhœa in eleven cases, for menstrual epilepsy and mania in two cases, for menorrhagia in two cases, for hemorrhage from myoma in ten cases, for abscess of ovary in one case. Fourteen patients were single; the ages of those operated upon were from twenty-five to fifty

years. One of the two deaths occurred in a patient nearly dead from hemorrhage from myoma at the time of operation. The other fatal case was one of the two in which the operation was incomplete. He advises that if the organs cannot be entirely removed, to leave them untouched.

ERGOT IN NEURALGIA.—Dr. Marino, of Palermo, says that local injections of ergot give better results than any other treatment in tic douloureux, not even excepting quinine. Some cases, not all, of sciatica were relieved in the same way. Other forms of neuralgia should receive the same treatment. The injections usually cause pain, but abscesses seldom follow if cold water compresses are applied to the point of puncture. One or two injections suffice, as a rule, but they may have to be continued some time. About two grains of ergot, in water or glycerine, is the proper dose.—*London Medical Record*.

BORACIC ACID IN GONORRHOEA.—Dr. Jas. G. Hyndman advises (*Cincinnati Lancet and Clinic*) a solution of boracic acid, five grains in an ounce of water, as an injection in gonorrhœa. In fresh cases with abundant discharge, pain on micturition and chordee, this should be used every few hours; after the pain ceases, generally in two or three days, it should be used only two or three times a day. Acute cases recover in about ten days, chronic discharges, bordering on gleet, in three or four weeks. For females the solution should be of double this strength. He reports five cases cured in this manner without any internal medication whatsoever.

SALICYLIC ACID IN LUPUS.—Dr. Ameglio used a mixture of salicylic acid, six parts, to glycerine twenty parts, as a local application to a case of lupus of the face that had lasted five years. Applied three times a day by painting over the ulcer, secured recovery in one month.—*N. Y. Medical Journal*.

BROMINE RASH (Mr. Prowse in *Br. Med. Journal*) may be cured by frequently applying a solution of salicylic acid, one grain to an ounce of water, to the pustules and ulcerations. If oiled silk is used to prevent evaporation of the lotion applied on lint, it proves a most efficient and certain remedy.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - SEPT., 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

STATE MEDICAL SOCIETIES.

The absolute failure of state and national medical organizations to accomplish any great amount of good is a fact known of all men. The reasons for such failure and the methods to be devised for changing this state of affairs for one more in accordance with the desires of the profession are subjects worthy of our attention.

Two objects are legitimately at the basis of such organizations: the advancement of knowledge and the promotion of kindly feeling among the members. The first is almost entirely lost sight of, the second is almost as generally overlooked.

The reasons for this humiliating condition of our boasted (and boastful) state associations are patent to any one who takes the trouble to investigate the matter even superficially. First and foremost is the greed for gain which actuates a certain proportion of the pushing, self-aggrandizing members. Second, and this depends upon the first, is the introduction of the methods and arts of the lowest class of political tricksters into the councils of the societies. Thus it has come to pass that the bestowal of the paltry offices has become the main object of many of these meetings. For this purpose delegations are "packed," like an ordinary ward primary, in the interest of some particular

clique. Offices are sought for the sake of the personal advertisement given the incumbent; such a thing as the office seeking the man is seldom heard of. Instead of friendliness and good-feeling prevailing among the members, they are drawn up in opposing factions by the arts of the would-be office holders, and the second great object of such assemblies effectually set at naught, while the first is entirely overlooked.

After a man has once tasted the sweets of office, especially if a salary is attached to it, he is very certain to form a clique for the purpose of retaining it and converts what should be an instrument for general good into a means for personal advantage.

Dr. C. A. Bryce, in his excellent *South-ern Clinic*, takes up the case of the Virginia State Medical Society, and after considering the present condition of that organization, proposes certain changes which he thinks would restore it to its proper place. It would appear that that organization is in the same condition as regards lack of interest of the profession at large and of being over-weighted with a burden of chronic office-holders as are the State societies generally. The remedies he proposes to apply will be, we fear, unable to cope with the disease.

Dr. Bryce objects to publishing the transactions of the society in a medical journal. This we have thought a most excellent way of bringing them before the profession. We fail to find any weight in the objections he urges. If the proceedings are valuable, the sooner they are published and the more widely they are circulated the better. If they are worthless, as is usually the case, a publisher of any tact would decline them. If a journal accepts them, *without cost to the society*, it is a sign that they possess some value. If the journal publishes them at a lower rate than any other bidder, it is certainly to the advantage of the society to give them to the journal rather than to attempt their separate publication.

The suggestion that prizes be offered for essays and original work is a good one. These, if carefully and honorably conducted, would add interest to the meetings of all societies which adopted the plan, and extend their membership among the best educated and most scientific of the profession, and thus tend to promote the highest aims of the associations. We believe a properly selected prize committee would be more competent to bestow such prizes than the entire body in open session. Of course the usual academical usages should be followed by the committee and no opportunity for favoritism permitted.

We have no confidence in the mutual aid feature proposed. Such associations never have held together long and are very unsatisfactory in their working.

So far as the advancement of science and of general good-will is concerned; we have more faith in small association of specialists and local organizations which do not assume any control over the private acts of individuals, than in the large and unwieldy state and national associations.

A TYPOGRAPHICAL ERROR.

In our July number we mildly expressed our surprise that the following resolution should have been offered by a reputable gentleman and, still more, that it should have been adopted by such reputable gentlemen as those attending the fourth meeting of the American Medical College Association:

"On motion of Prof. D. S. Reynolds, it was

Resolved, That the Association of American Medical Editors be requested to give the full weight of its influence to the support of the Association of American Medical Colleges, in the execution of all its efforts to secure reforms in medical education, and that the public press everywhere be requested to publish the amendment to the Articles of Confederation of this Association, requiring attendance upon three full courses of lectures in three separate

years before admitting candidates to apply for final examination for the degree of Doctor of Medicine."

We thought we were justified in characterizing this resolution as misleading, to say the least, and our opinion was based upon the official acts of the Association as reported in the minutes of its fourth annual meeting now before us. *Vide* page 5:

"Action on amendments being in order, that offered by Prof. Menees last year was now taken up. It alters the articles of confederation as follows:

Art. II, Sec. 3: For 'two courses' read 'three courses.'

Art. III, Sec. 3, third line, for 'two regular sessions' read 'three regular sessions'; fourth line, for 'two full courses' read 'three full courses'; sixth line, for 'two full courses' read 'three full courses.'

Sec. IV, for 'two yearly regular collegiate sessions' read 'three yearly regular collegiate sessions.'

Said amendments to take place at and after the sessions of 1882-'83."

The Association formally announced that the change from two to three years' course of study should not take effect for two years. The sessions of 1880-'81 and 1881-'82 are to be conducted upon the old plan and no change is contemplated until the session of 1882-'83 begins.

Prof. D. S. Reynold's resolution, quoted above, gives the people to understand through "the public press" that the Association will hereafter require "attendance upon three full courses of lectures in three separate years before admitting candidates to apply for final examination for the degree of Doctor of Medicine," when in fact it will not make any such demand for two entire years. This may not be "sharp practice," it may not be fraudulent in intent, it may be "reputable," it may be honorable; but we confess that it appears to our benighted vision in a somewhat different light.

On page 193 of the August number of Prof. Reynolds' "reputable" *Medical Herald*, he laments the hardships of editorial life, and especially those occasioned by the

printer being allowed "the luxury of an occasional typographical error," while on page 196 we find the following new fantastic performance of his "overworked and half-fed printer," to use his own expression :

"In fact, the CLINICAL RECORD seems to be the self-constituted censor of everything that is reputable."

Evidently the prefix *dis* has been carelessly dropped from the word "reputable." With this correction we are perfectly willing to accept Professor Reynolds' very astute diagnosis, which reflects equal credit upon his professional acumen and his ability to distinguish between right and wrong, the latter of which we had been disposed question after reading his resolution which was adopted by the College Association.

ARKANSAS medical matters seem to remain as unsettled as ever. Brother Jones, of the lively and independent *Arkansas Medical Journal*, seems very much in earnest in his efforts to place the new medical school at Little Rock in its proper light before the public. There are some excellent gentlemen in the new college, and it is barely possible that Brother Jones has permitted his zeal for the best interests of the profession to carry him a little too far.

PETROLINA is in every respect equal to the so-called cosmoline or vaseline. As a basis for ointments, etc., it certainly has no superior. It has less of the coal-tar odor than any of the petroleum derivatives used in pharmacy. At the same time it costs less than the analogous preparations named. We urge our readers to give it a trial.

THE hanging of a lunatic did not prove successful as a means of securing a re-nomination for the acting Prosecuting Attorney. Out of one hundred and forty votes he received thirty-seven in the convention of his party.

Book Notices and Reviews.

SUPPLEMENT TO THE AMERICAN DISPENSATORY. By John King, M. D., Prof. of Obstet. and Dis. of Women and Children in the Eclectic Medical Institute of Cincinnati, etc., and John U. Lloyd, Prof. of Chemistry and Pharmacy in the same Institute. Cincinnati: Wilstach, Baldwin & Co. 1880. St. Louis: Book & News Co. Cloth, \$2.

We are not often asked to review specimens of medical literature emanating from the so-called "Eclectic" school. As a sect, its contributions are mostly to be found in periodical publications, while its books are few and far between. Its writers have expended more time and energy in abuse of "the old school" than in original investigation, which is something properly to be expected from it so long as it is impossible to furnish any good reason for its independent existence as a body of medical men. In its periodical literature, much of which is well conducted and contains a great deal of valuable information, we find evidences of two well-marked varieties of "Eclectics:" one seems to be a modified form of homœopathy, and the other an honest, enthusiastic body of men actuated by scientific impulses and making use of the same methods that move the great mass of scientific physicians the world over. Why the former should style itself other than homœopathy, or the latter adhere to the epithet "Eclectic," is beyond our comprehension.

We have never examined the "American Dispensatory" critically, hence are unable to state what necessity existed for the publication of this "supplement," but judging from the contents of the latter we are disposed to think the original work may possess considerable value and completeness. The sections of the latter treating of the botany, chemistry and pharmacy of recently introduced articles of the *materia medica* are full and accurate, so far as we have been able to judge. The therapeutic de-

partment is hardly so satisfactory. Perhaps there are insuperable difficulties in this department. At any rate, we have been obliged to make the same criticism on all recent publications. The "National Dispensatory" is a case in point.

In the present instance we will take the article on *jaborandi* in illustration. Nothing is said of its use to *prevent* excessive sweating and nothing of its use in puerperal eclampsia. With reference to *damiana*, this book is very non-committal; in this it agrees with most late writings on *materia medica*. In the two cases of which we have positive knowledge, the *true damiana* gave unequivocal results as an aphrodisiac. Reference to extract of malt is not so extensive or so favorable as, it appears to us, the facts justify. The therapeutic note on *rhamnus purshiana* contains an ill-natured reference to the manner of its introduction to the medical profession which might have been omitted without any harm to the author or reader.

The article on salicylic acid is one of the best, especially that portion relating to its chemistry. The author says: "For medicinal use, the acid from wintergreen is often preferred by physicians." We have a very decided opinion that this variety should *always* be prescribed. We are confident that many of the alleged dangers of using this valuable remedy may be avoided if this is borne in mind.

Nothing is said of the effect upon nitrite of amyl of keeping. We have observed that, in epilepsy, it is apt to lose its effect of aborting the paroxysm if the patient keeps it in quantity. Frequent exposure to the air and sunlight seems to work some change in it which lessens its therapeutic effect while its sensible properties are apparently unaltered.

From reading the book no one would suspect that it was of "Eclectic" origin. References to writers of that sect are very infrequent, while the labors of scientists everywhere are utilized and duly credited.

Some errors have escaped the proof-reader, which was to be expected; thus, Dujardin Baumetz becomes divided and does duty for two (p. 45).

The work will make a valuable addition to any physician's library, especially will it be of use to those who are disposed to try the recent pharmaceutical novelties. For the most part the information set forth is correct, and it indulges in no abuse of "the old school!"

THE PRACTITIONER'S REFERENCE BOOK. By Richard J. Dunglison, A. M., M. D., Editor Dunglison's "Medical Dictionary," Etc. Second edition, revised and enlarged. 8vo. pp. 476. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Prt'g Co. Cloth, \$3 50.

In 1877 we gave this handy volume a very cordial welcome, and now repeat our endorsement of the work as in every way worthy of the continued favor of the profession. The present edition has been greatly enlarged and improved, so that it is now practically a supplement to the great medical lexicon which will perpetuate the name of the author and editor for ages to come.

We note the following useful chapters added to this edition, along with many others for which we have no space: Directions as to the use of the hypodermic syringe in diseases in which it is applicable; how to use a galvanic battery in medicine and surgery; how to apply trusses in hernia; diagnostic tables of various diseases: fevers, acute pulmonary affections, etc., diagnostic syllabus of tumors of the groin; table of antidotes; and rules of medical etiquette.

These "rules" are condensed and modified from a similar set published in England, and the language is somewhat different from that used by the author himself in other portions of the book. The style is really amusing in its condescension. Take the following:

"We, like other men, have to live, and this is one point which should always be

borne in mind. If we act as becomes gentlemen, taking care that we do that which is right, honest and straightforward, we should never allow such trifles as a patient changing hands, or *a young man commencing practice in our midst*, to influence the friendly feeling which should exist in such a limited body." (*Italics our own.*)

These "rules" are good enough, so far as they go, but they do not cover all cases of medical etiquette. For instance: they do not set the seal of condemnation upon open theft of cases practiced by the "old and reputable" practitioner in every community. The older and more reputable he is, the easier it is for him to oust the attendant in charge and take the case. But we intend going into the merits of this question on some other occasion.

The "selected formulæ" are, as a rule, good, but every well-educated physician should be able to dispense with them. However, every "practitioner" is not well educated.

After carefully examining the book, from cover to cover, we feel justified in saying that it should find its way into every physician's library alongside of Dunglison's Medical Dictionary.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, at its Forty-Seventh Annual Meeting, 1880. Nashville: 1880. Pamphlet, pp. 160. From the Secretary.

One resolution adopted by the society is so excellent that we reproduce it here:

"Resolved, That this society is not now in a condition to go into the insurance business, and that doctors can only insure that all men will die."

The address of the retiring president, Dr. E. M. Wight, was very good. We give his sketch of the old-times doctors: "Their journeys were longer, their doses were larger, their drugs were stronger and their fees were smaller."

Prof. Menees, of Nashville, eulogized the obstetric forceps; like a sensible man, he prefers Elliot's.

Dr. G. B. Thornton, of Memphis, advo-

cated the open treatment for amputations. Lister is yet to have his missionaries penetrate and convert the great Southwest.

A number of papers of very moderate interest were read, among them, one on iodine as a substitute for quinia, by Dr. F. Grinnell, of Maryville, is worthy of notice. It seems very strange that two or three gentlemen should have such pronounced success with this drug in intermittents, while the majority of practitioners find it practically worthless. Dr. Grinnell gives ten drops of the tincture in one-third of a glass of sweetened water, thrice daily, to adults. We hope some of our readers will try iodine again, in this manner, and report their results.

Dr. W. P. Jones' paper on "Insanity Dependent upon Physical Disease," is a wishy-washy affair, and proves nothing. No one would know upon which side of the question the professor ranges himself were it not for the assertion in the first paragraph that he is for the affirmative.

"A Case of General Cirrhosis," by Dr. W. J. Miller, of Fosterville, is certainly one of the most remarkable we have read of in a long time. Want of space alone prevents our reproducing it in our columns. It seems to be a new morbid condition the exact reverse, if such is possible, of myxœlema. Death occurred from pneumonia, or intense active congestion of the lungs.

Dr. D. J. Roberts, of Nashville, says that only a few words are necessary to refute the "germ theory" as applied to the bowel disorders of infantile life. He thus gives Pasteur, Tyndall & Co. the *coup de grâce*: "First, it has never been demonstrated; and second, in those conditions due to parasitic or infusorial germs, the gradual progress from individual to individual, or from locality to locality would be apparent, as is the case in those diseases which have been demonstrated to be due to this cause." The writer is too indefinite. We wish we could be informed which are the diseases characterized by a gradual

progress from man to man, that have been proven to depend upon disease germs.

As a volume of state society transactions, we regard the Tennessee production as really above the average in quality, while in bulk it is very modest and unpretentious. We wish the Society still greater success at its next meeting, which will be held in Nashville, the first Tuesday in April, 1881.

TRANSACTIONS OF THE AMERICAN DERMATOLOGICAL ASSOCIATION, with the President's Address, at the Third Annual Meeting, held at the Park Avenue Hotel, New York, August 26th, 28th and 29th, 1879. New York: A. G. Sherwood & Co. 1880. Pamphlet, pp. 100. From the Secretary.

The President's address was devoted to a moderately thorough review of the history of American dermatology. It is very well written, and in Dr. Duhring's best style.

In the proceedings one of the most noticeable events was the telling of some very plain truths by Dr. R. W. Taylor relative to the scientific value of certain observations published by Dr. C. Heitzmann. It is eminently desirable that some member should do equal service to the community by exposing the plagiarism of the St. Louis member.

We note that 203 cases of skin disease were recorded from this city. Of these, one was pediculosis pubis, and two of pediculosis capillitii; thus leaving a symmetrical record of 200 cases. The numbers 1, 2, 3, 5 and 10 follow each other with suspicious regularity. It is rather remarkable that no form of syphilis appears in this St. Louis list. The internal evidence of these statistics having been manipulated, as it were, is very strong. It is of a similar character to that which obliges the historian to reject the Assyrian chronology of Ctesias, the Cnidian physician, as utterly false.

One of the most important facts brought out at this meeting was the report, by Dr. L. D. Bulkley, of two cases of chancre of

the lip, probably acquired through cigars. These occurred in physicians of great intelligence and experience, who, after the most careful investigation, were unable to trace their infection to any other source. The following conclusions of the eminent editor of the *Archives of Dermatology* we most cordially endorse: "Not long since any one suffering from syphilis was supposed to have contracted it by venereal contact, and many had no doubt been falsely accused on this account. Every additional method of communicating the disease, therefore, lightened by at least one stone the crushing weight which would otherwise rest upon every unfortunate sufferer. On the other hand, the knowledge that so potent and terrible a poison exists so extensively, and that it may attack the most innocent, should put both the profession and the laity greatly on their guard, and should place syphilis among the contagious diseases which should be under the surveillance of the officers of the public health." The papers read have been published in the *Archives*, and only the discussions here appear.

NASO-PHARYNGEAL CATARRH. By Martin F. Coomes, M. D., Prof. of Physiology, Ophthalmology and Otology in the Kentucky School of Medicine, Etc. 8vo. pp. 165. Louisville, Ky.: Bradley & Gilbert, publishers. 1880. Cloth, \$2.

This work, as the author states, is not intended as a guide for the specialist, but is calculated to supply the general practitioner with a convenient, readable and practical work of reference in regard to cases and treatment, introduced by an anatomical review in brief.

Some readers may object to the extensive elaboration of treatment of the various cases noted, but the great mass of country practitioners, many of them far removed from any kind of a medical center will, no doubt, hail these minutiae of treatment with delight.

Professor Coomes takes sensible ground

against the local use of such heroic remedies as nitrate of silver in affections of the throat and nasal cavities, and certainly it ought not to require any great amount of argument to convince even the "ordinary practitioner" that the application of a forty per cent. solution of such a powerful salt to a delicate mucous surface is, to say the least, barbarous, especially when such application is made by means of a coarse sponge probang, such as are used even by intelligent city practitioners, who certainly must have less regard for their neighbor's throat than they would have for their own, and whose knowledge of animal chemistry, probably, goes no farther than the breakfast table.

The author's objections to the popular douches are well taken, though we cannot understand his opposition to bathing the parts in warm spray if the operator has the necessary appliances for vaporization. Personal experience as well as the expressions of those operated upon, serve to show us that the warm vapor is, of all remedies, the most grateful to the inflamed mucous membrane and soonest affords relief.

The instructions for examination of the naso-pharyngeal space and posterior portions of the pharynx, are thorough and plain, and the cases chosen for exemplification are well arranged and selected with reference to ordinary practice. The chapter on infusorial catarrh is of unusual interest. Even to the specialist it would be "very important, if true." In the chapter devoted to local medication the author is seen to be acquainted with the *rationale* of therapeutic action, which is always a recommendation for the physician who would make plain the road over which he treads.

In view of the prevalence of rhinitis and pharyngitis of syphilitic origin, the chapter on this subject will be read with interest by the practitioner in city and country alike.

Altogether, the work is good, and the low price makes it a not expensive addition to the young physician's library. P. H. C.

WOOD'S LIBRARY, VI:—

THE SURGERY, SURGICAL PATHOLOGY AND SURGICAL ANATOMY OF THE FEMALE PELVIC ORGANS, in a series of plates taken from nature, with Commentaries, Notes and Cases. By Henry Savage, M. D., Lond., F. R. C. S. Eng. Third edition, revised and greatly extended. 32 plates and 22 wood engravings, with special illustrations of the operations on vesicovaginal fistula, ovariectomy and perineal operations. New York: William Wood & Co., 27 Great Jones street. 1880. St. Louis: C. C. Pease, 514 Olive street, sole agent. Sold by subscription only. Cloth, \$1 25.

Savage's plates have been highly esteemed and, in a great measure, accepted as authoritative by the profession for many years. The English edition, costing from fourteen to sixteen dollars, has been the only one to be had until now. Messrs. Wood & Co. have earned and received the thanks of all interested in the diseases of females by their liberality in presenting these plates to the subscribers to their "Library." They are, by themselves, worth nearly the price of the entire series.

The table of contents is contained in the title page above given. We cannot too heartily commend the enterprise and liberality of the publishers, and congratulate the subscribers on their good fortune.

CLORINDA; or, the Rise and Reign of His Excellency Eugène Rougon, the Man of Progress—three times Minister. By Emile Zola, Author of "Nana," "L'Assommoir," Etc. Translated from the French by John Stirling. Paper, 75 cts. Philadelphia: T. B. Peterson & Brother. 1880.

This assumes to give a picture of the court of Napoleon III, and it is claimed that the work has been executed with more than pre-Raphælite fidelity. There may be truth in this claim—we presume there is an attempt to delineate life and manners as they were. But we believe this might have been done in a cleaner way. There can be no necessity for any such descriptions as are to be found in this volume. The end.

of justice require that the victims of attempts at rape should go into all the loathsome details when the matter is undergoing legal investigation, but there is surely no excuse for such scenes to be described minutely in books for popular reading—two such pictures are given in this small volume. We are, therefore, unable to commend Zola's last novel—except to Anthony Comstock and the societies everywhere for the suppression of vice.

LITERARY NOTES:—

THE Quarterly Epitome is to be edited by Dr. W. S. Wells, who has done good editorial service heretofore. The second part of the *Epitome* has reached us and is nearly as good as Part I.

THE Chicago Medical Gazette has assumed the name of *Review* in place of *Gazette*. There is no change, however, from the independent character of the old *Gazette*. In fine, the *Review* is a credit to American journalism and is certain of a large support.

Messrs. D. APPLETON & Co., of New York, announce a treatise on midwifery by Prof. Wm. T. Lusk, of Bellevue Hospital Medical College, in active preparation; a manual of gynecological operations, by Dr. Jas. B. Hunter; a translation of Professor Fournier's Lectures of Syphilis and Marriage, and a new edition of Prof. Van Buren's treatise on Diseases of the Rectum.

BOOKS & PAMPHLETS RECEIVED.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, at its twenty-third Annual Session, held at Carthage, Mo., May 18, 19 and 20, 1880. 8vo. pp. 164. St. Louis: Davis & Freegard, Printers, 417 N. Third st. 1880. From the Secretary.

CONSPICUOUS OF ORGANIC MATERIA MEDICA AND PHARMACAL BOTANY, comprising the Vegetable and Animal Drugs, their Physical Character, etc. By L. E. Sayre, Ph. G. 8vo. pp. 220. Detroit: Geo. S. Davis, Medical Book Publisher. 1880. Cloth, \$2 00.

A NEW SCHOOL PHYSIOLOGY. By Richard J. Dunglison, A. M., M. D., Author of "The Practitioner's Reference Book," etc. 12mo. pp. 314, with 117 engravings. Philadelphia: Porter & Coates. From the Publishers.

THE BRAIN AS AN ORGAN OF MIND. By H. Charlton Bastian, M. A., M. D., F. R. S., Prof. of Pathol. Anatomy and of Clin. Medicine in University College, London, Etc. 12mo. pp. 708, with 184 illustrations. New York: D. Appleton & Co., 1, 3 and 5 Bond st. 1880. St. Louis: Book & News Co. Cloth, \$2 50.

ATLAS OF SKIN DISEASES. By Louis A. Duhring, M. D., Prof. of Skin Diseases in the Hospital of the University of Pennsylvania, Etc. Part VII: Eczema (pus-tulosum); Impetigo Contagiosa; Syphiloderma (papulosum); Lupus Vulgaris. Philadelphia: J. B. Lippincott & Co. 1880. St. Louis: Book & News Co. \$2 50 per part.

WOOD'S LIBRARY, VIII:—

A TREATISE ON COMMON FORMS OF FUNCTIONAL NERVOUS DISEASES. By L. Putzel, M. D., Physician to the Clinic for Nervous Diseases, Bellevue Hosp. Outdoor Department, Etc. 8vo. pp. 256. New York: William Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, 514 Olive st., sole agent. Sold by subscription only.

THE STUDENT'S DOSE-BOOK AND ANATOMIST, COMBINED. By C. Henri Leonard, A. M., M. D., Prof. of Med. and Surg. Dis. of Woman and Clin. Gynecology, Mich. College of Medicine, Etc. Part I. The *Mulum in Parvo* Reference and Dose Book; Part II. The Vest-Pocket Anatomist. Cloth, \$1 00. Detroit: Leonard's Illustrated Medical Journal. 1880. From the author.

A PRACTICAL TREATISE ON TUMORS OF THE MAMMARY GLAND: embracing their Histology, Pathology, Diagnosis and Treatment. By Samuel W. Gross, A. M., M. D., Surgeon to, and Lecturer on Clinical Surgery in, the Jefferson Medical College Hospital and the Philadelphia Hospital, Etc. 8vo. pp. 246, illustrated by 29 engravings. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1880. St. Louis: Book & News Co. Cloth, \$2 50.

SCIENCE AND THE HEALING ART, or a New Book on Old Facts. By John Custis Darby, M. D., Mt. Sterling, Ky. 8vo. pp. 403. Cloth, \$3. Louisville, Ky.: John P. Morton and Company. From the Author.

Miscellaneous Notes.

PHOSPHORIC ACID.—Prof. Wm. Pepper has used this agent for several years as a tonic to the digestive organs and nervous system, and is convinced that it is a remedy of great value in suitable cases. Desiring to administer it in conjunction with other medicaments, he has suggested the two following formulæ which he finds permanent and eligible forms for the administration of the substances contained:

First:—Liquor Acidi Phosphorici Comp. (with iron):

℞ Calcis phosphat..... grs. iij;
Magnesii phosphat..... gr. ss;
Potassii phosphat..... gr. ½;
Ferri phosphat..... gr. ½;
Syrupy phosphor. acid... M vii;
Aque..... q. s., ft. f. 3j.

M.

Second:—Liquor Acidi Phosphorici (without iron):

℞ Calcis phosphat..... grs. iij;
Magnesii phosphat..... grs. ij;
Potassii phosphat..... grs. iss;
Syrupy phosphor. acid.... M v;
Aque..... q. s., ft. f. 3j.

M.

He has used these with very satisfactory results and recommends them for extended trial.—*Philadelphia Med. Times*, Aug. 4.

ELIXIR CHLOROFORMI COMPOSITUS.—Dr. W. F. McNutt communicates the following formula to the San Francisco *Western Lancet* as an excellent substitute for the celebrated secret nostrum known as "Collis Brown's Chlorodyne," the objections to which are that it is very expensive in this country; it is not a perfect mixture, as it separates; it is too concentrated to be safe for general use; and, principally, it is a patent medicine, the exact formula for which is unknown. Dr. McNutt states that in whooping cough, asthma, emphysema, cough of many phthisical patients, in many cases of hysteria, and especially in many

cases of dysmenorrhœa it has no equal. Given as an anodyne, it seldom produces headache or disturbance of the digestion, as does morphine, or depresses the heart's action as does hydrate of chloral. In diarrhœa accompanied with cramping pains and tormina, in teaspoonful doses, repeated every two or three hours, it generally acts quickly and satisfactorily. In many cases of diarrhœa in children, a few drops of the elixir, together with a few drops of castor oil and wine of ipecac, in syrup of acacia, makes a most efficient remedy:

℞ Morphine muriatis..... gr. ss;
Chlorali hydratis.....
Chloroformi..... aa 3ss;
Tinct. Cannab. Ind.....
Tinct. capsici.....
Acid. hydrocyanici dil... aa m. xx;
Spt. menth. pip..... m. x;
Syrupi sassafras. co. ad... f. 3j.
M. Sig. Dose, a teaspoonful = f 3j.

INOCULATION OF INTERMITTENT FEVER.—

The *Physician and Surgeon* for August, 1880, quotes the following from a Russian journal:

Dr. Dochmann, clinical ordinator to Professor N. A. Vinogradof, of Kasan, communicates some very interesting experiments which seem to prove that, notwithstanding the general opinion to the contrary, intermittent fever may be inoculated. He made three experiments, using as material for inoculation the contents of the vesicles of herpes labialis, diluted with water or glycerine. In the first experiment a healthy man, thirty years of age, was inoculated with the virus from a twelve-year-old boy who had suffered from quartan intermittent fever. This was done on the 8th of February. On the 11th of February the subject had a severe paroxysm, with temperature at 39.1° C. (= 102½° F.) and on the 14th again a modified paroxysm without chill, with temperature at 38.3° C., (= 101° F.). As a second experiment three healthy men were inoculated from a girl suffering from a quotidian intermittent on the second day after diluting the virus with glycerine. One of the men had complete paroxysms for five consecutive evenings, with temperature at 38.5 to 39° C (101.3 to 102.3° F.). The other had an attack of fever, without chill, on the same evening. The third showed no symptoms of fever. Third experiment: On the 11th of April

a girl was inoculated from an adult male suffering from intermittent fever, of which the type was not given. She had two paroxysms, on the 14th and 16th.

THE DEATH-FEIGNING FAKIRS.—In our last number we suggested that the ability to abstain from food for a relatively long period might be cultivated by practice. The following, which we find in the *Druggist's Circular*, without credit to the source from which it was taken, is confirmative of this view:

The physiological training of the Hindoo fakir for his profession is something worth study. He begins by abstention from food during the day and taking a very reduced quantity at night. Certain articles are strictly prohibited; among them are salt, fish and meat, oil and wine, mustard, onions, garlic, and turnips. He must refrain from spices, from all acids and acid preparations, and from all pungent articles except ginger. His carbonaceous food is limited to rice and wheat, his nitrogenous to milk and melted butter (*ghrta*), and as to the carbon hydrates, honey and sugar are alone admissible. There are two or three articles familiar to Europeans only by their Bengal names which he is permitted to use; but they are composed of the preceding ingredients in various proportions. Water is positively prohibited; but some sects allow the devotee to drink sparingly of alcoholic beverages. He must next learn to live underground; and for this purpose he digs a subterranean cavern (the *gublia*), in which he passes most of his time. The temperature must be warm and perfectly even, and the cavern is entered only by a hole which can be closed with a stone. It is a living sepulture. Indeed, the essentials of the mode of life are the complete occlusion of free oxygen, impenetrable darkness and an unbroken silence. He lies upon a pallet of cotton and wool—something warm and soft—at the bottom of this subterranean cell, and repeats from day to day the mystic word "Om," the Hindoo name of the great abstraction of universal life—a being more transcendental than that of Hegel. The devotee takes occasional walks, but is very slow in his movements, so as to lessen the rapidity of the respiration. He repeats his "Om" sometimes ten thousand times a day, and has other syllables, among which are

"Bam," "Ham," "Lam," "Ram," "So-ham," "Yam," of which he performs endless series of repetitions, arranging them in every order of which they are susceptible, and rigidly following a prescribed order for a given number of repetitions. He trains himself to sit squatted for hours together in a certain peculiar attitude (the *siidhasana*), which consists in doubling the left leg under the body, so as to rest upon the heel of the left foot, while the right leg is extended forward. In this position, with the right arm advanced, he holds the big toe of the right foot in his right hand, and with the left arm flexed under the body, grasps the big toe of the left foot. This brings the lower part of the face to rest upon the breast bone. In this awkward and difficult attitude the fakir sits for hours together; that is, when he is not standing upon his head or training himself to take a deep inspiration and expel it slowly—taking twelve seconds to breathe in and twenty-four to breathe out the cubic feet of atmosphere that the lungs can contain. Besides these exercises, his tongue has to be cut twenty-four times, so as to sever all the ligatures one by one, and enable him to flex it backward and close the throat with its tip. This extraordinary discipline is steadily prosecuted for years, and at length the fakir tries his first experiment with feigning death, allowing himself to be shut up in his subterranean cell and sealed therein with every precaution, generally for a week or two at first, then for a month or two months, lying or squatting in a state of trance, with the tip of the tongue closing the throat, without perceptible action of the heart, and with the circulation of the blood apparently suspended. He would never recover himself from this condition of suspended animation; but he can be recovered by proper manipulation, which commences by pouring hot water over the shrivelled body, stiff and rigid as a corpse, for some minutes. As the bathing in hot water continues, the arms and legs gradually relax from their rigor. A hot cake is next placed upon the crown of the head, and the plugs (made of cotton soaked in wax) are removed from the nostrils and ears. The next step—it being understood that assistants are all this time engaged in rubbing the limbs—are to pry open the rigid jaws and restore the tongue to its normal position; then to rub the eyelids with melted butter until they can be unclosed, revealing the glazed and motion-

less eyeball. Finally, the hot cake on the top of the head is renewed. The heat acting upon the nervous centers of respiration and circulation, the breast heaves with a convulsive throe, and the heart starts with a violent pulsation. So many cases have been attested of this remarkable condition of simulated death that its facts are practically beyond dispute. Now, something of this kind would make a real impression; it has powerful dramatic features, and its physiology furnishes ample verge for novel and original observations.

CLAUDE BERNARD.—We would direct especial attention to the fact that Dr. E. C. Seguin, 41 West 20th street, New York, has been appointed by the Paris committee having charge of the subscription for a monument or memorial to the late Professor Claude Bernard, to represent them in the United States. An earnest appeal is made to the medical profession, and all others interested, to subscribe to this most worthy object. Every physician, every scientist, every citizen, owes a debt of gratitude to this illustrious physiologist, and should feel it a privilege to participate in honoring his memory in this way. All inquiries and subscriptions, in the shape of bank checks, money orders, etc., should be addressed to Dr. E. C. Seguin, as above indicated. The American people are always generous and ready to respond to an appeal of this character, and in this instance will not disappoint those having this project in charge.

OBITUARY.—Alfred Swayne Taylor, M. D., F. R. S., died in London on May 27, in his seventy-fourth year. His works on medical jurisprudence and on poisons are recognized as authority in every civilized country.

Prof. Ferdinand von Hebra, the most distinguished of dermatologists, died in Vienna, August 5, aged sixty-four. Prof. Hebra's views have been accepted by most American dermatologists with very few changes.

Prof. Giovanni Polli, the distinguished advocate of the use of sulphurous acid and

the sulphites in Zymotic diseases, died June 14, aged sixty-six years.

Prof. F. H. Davis, son of Prof. N. S. Davis, of Chicago, died in that city, August 17th, aged thirty-two years. Dr. Davis was greatly beloved and respected by all who knew him, and his untimely death is greatly deplored. He had already made his mark as a physician, medical writer and teacher.

MESSRS. MACMILLAN & Co., of New York, announce a new work on foods for invalids, by Dr. J. Milner Fothergill, of London, and Dr. H. C. Wood, of Philadelphia. The conjoint labors of two such eminent authors cannot fail of producing a capital book. It is to appear immediately.

SPECIAL.—From Prof. J. Adams Allen, M. D., President Rush Medical College, Chicago, Ill.:

CHICAGO, Aug. 29, 1880.

J. H. Chambers, Esq.,

305 Locust st., St. Louis, Mo.:

DEAR SIR:—I beg leave to acknowledge receipt, per U. S. Express, in good order, of the three volumes of Reynold's System of Medicine, edited by Dr. Hartshorne. It is a magnificent work, and deserves a royal reception at the hands of the profession. If comparisons may not seem invidious, I would say these three volumes are worth more than the entire set, so far as received, of Ziemssen's Cyclopædia. Dr. Hartshorne's part in the work alone ought to make the American edition a success.

Very respectfully yours,

[Signed.]

J. ADAMS ALLEN.

FOR SALE:—A Doctor's Residence in Richmond, Ind. Elegant brick house, with all modern improvements. Brick office, with mansard roof, hot and cold water, etc., one of the nicest and most convenient west of the mountains. Brick stable, with gas, harness room, force pump, etc., etc. Lot 100 by 122 feet. Very central, property first-class in every particular, title perfect. Can influence a large amount of practice for purchaser. Best of reasons for selling. Address J. H. McINTYRE, M. D., Richmond, Ind., or Dr. P. H. CRONIN, 614 Olive street, St. Louis, Mo.

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*A PLEA FOR VENESECTION IN PNEUMONIA.**

BY G. M. DEWEY, M. D.

A very large proportion of cases of this disease occurs during the cool months. We therefore infer that cold is an important factor in its production. Continued and intense cold alone are not prolific causes of pneumonia. I think it safe to say there are ninety per cent. more cases of pneumonia in this latitude than in the New England States and Canada. My observation teaches me that few cases occur here during very cold spells, when the temperature is uniform day and night.

I have lived in Missouri thirty-eight years, and can say that last winter was decidedly the warmest I have experienced. Not an inch of snow fell during the entire winter, yet there were at least fifty per cent. more cases of pneumonia than during ordinary cold winters. The disease commenced in October, so soon as there was a decided difference of temperature between day and night.

When we go many degrees north or south of our latitude, pneumonia is not a very prevalent disease, neither is there so great difference in the day and night temperature. This difference in temperature is far greater in low lands, along creek and lake borders, than on hills and more elevated situations.

* Read before the Moberly District Medical Association.

Now these low grounds are the places where pneumonia reigns as "king of terrors." This change any man can verify who will ride over our hills and valleys after a warm day. In my opinion, this change of temperature is the cause of pneumonia in the winter, and intermittent and remittent fever in summer.

I know the fashionable belief now is that these diseases are produced by an imaginary poison called malaria. But inasmuch as chemistry reveals no difference between a so-called malarious and a non-malarious atmosphere, and as nobody has seen, smelt or tasted any of this malaria, I conclude it to be a nonentity—existing only in the imaginations of some men. This thing of malaria is an asylum for human ignorance.

A late writer in the *New York Medical Record* says most of the cases of pneumonia brought into Bellevue Hospital had fallen into the water, or been on a debauch and slept out in the cold.

To settle this malarial origin of fevers, some doctor has been to Rome and has got some of the stuff from the Pontine Marshes and injected it into dogs and rabbits, and these animals died, but the doctor was not certain they had intermittent fever. The doctor injected these animals with "organisms" collected around these marshes. Now, what such an "organism" is, I don't know.

A late writer (Dr. J. S. Powell, *American Journal of Medical Sciences*, page 484, 1880) thinks congestion of the lungs is caused by some disorder of the sympathetic nerves, and relates a case so produced.

Be the cause what it may, pneumonia is no respecter of persons. Its slain are from all ages and all conditions.

Whether it is an essential fever or a phlegmasia "*per se*," the medical profession are somewhat divided, and their theories regulate their treatment. Flint, in his Clinical lectures, says "it is an essential fever of which pneumonia is the anatomical characteristic." And yet he classes it with the acute inflammatory diseases of the respiratory organs within the chest and not with the fevers.

Bennett regards pneumonia as a typical disease in which to illustrate what inflammation is. There occur in pneumonia all the things that go to make up an inflammation. Bennett says: "Is irritation of texture inflammation? No. Is contraction or dilatation of blood-vessels inflammation? No. Is capillary hemorrhage inflammation? No. Is serous effusion inflammation? No. Is stasis (stoppage of blood) inflammation? No. Is exudation of liquor sanguinis inflammation?" I answer, emphatically, yes! It is, in truth, the only morbid phenomenon—the only part of the process which, whenever it occurs, unequivocally characterizes an inflammation.

Dr. Alison says, "it is only when an exudation has taken place that we can feel satisfied that even a tendency to inflammation existed." It follows that no one of the preliminary phenomena, or all of them combined, constitute an inflammation unless an exudation has occurred; so that, for all practical as well as scientific purposes, it may be said that this morbid state consists essentially of an exudation of the liquor sanguinis.

Gentlemen, if these pathologists comprehend or define what occurs in an organ said to be inflamed, then the lung is inflamed in pneumonia. Yet, there are a good many writers of late who, endeavoring to make their pathology suit their therapeutics, say there is no necessary connection or dependence whatever between

this essential fever and the lung lesion. "Hamlet is played with Hamlet left out." How to diagnose this essential fever when there is no lung lesion, these writers have not informed us.

I take the position that inflammation of the lung is the *sine qua non*, the all important factor in the make-up of a case of pneumonia. Other things being equal, we may base our prognosis on the amount of lung involved. The amount of exudation, the intensity of the inflammation, determines the life or death of the patient.

Did any of you ever watch a case from the prolonged chill to complete consolidation that did not daily wish the blood out of the lung—that did not say in his heart, "Out d—d spot!"

Inflammation of the lung, when left to nature, runs a certain definite course, and cannot, after passing a certain stage, be aborted or cut short. Owing to the anatomical structure of the lung, we are able to trace it from incipency to resolution. In pneumonia we are able to determine the daily progress of the disease and of our treatment. This cannot be said of inflammation of any other organ except the eye.

Now if it be true, as we cannot doubt, that exudation of blood into the cellular tissue and air cells of the lung kills the patient, then the fight should be, if possible, to prevent this. For, as I stated before, when once this engorgement has taken place, there is no known remedy that will hasten its removal.

I undertake to say, that men die in pneumonia from inflammation of the lung, and that engorgement of blood is the first step in the destructive process, and that the only efficient means in our power to prevent congestion and its consequences is to cut off the supply. If a stream, flushed with a heavy rain, was overflowing its banks, tearing away dams and bridges, and we could at once cut off the supply, would not all trouble cease at once? If in a given case of pneumonia that proved fatal from en-

gorgement, from destruction of lung tissue, from paralysis of the absorbents, or heart clots, we had, by a timely and sufficient bleeding, cut off so much blood as to have averted these events, could anybody object?

I say, that seventy-five per cent. of the men and women who have died of pneumonia in this district during the last decade, would be walking over God's earth to-day, had they been properly bled. If there be any disease in which it may be said, "an ounce of prevention is better than a pound of cure," it is pneumonia.

Our fathers believed that, to get rid of disease we must remove the cause. They practiced on this principle for two thousand years, from Hypocrates down for sixty generations. But some forty or fifty years ago somebody discovered that blood was not blood, and that inflammation was not inflammation. The microscope revealed the fact that so-called inflammation was only a stoppage of the blood in the vessels in consequence of debility and feeble heart action—that our fathers were fools for cutting off the supply; that stimulation was indicated to enable the heart to force the blood on. Another set of men said "blood was the life," and must all be kept in a sick man. So they set to work to paralyze the heart with aconite and veratrum, and so keep the blood in the patient and out of the diseased organ.

Now what is the result of this nineteenth century advance in science, in medical practice and therapeutics? Death! Death! Seven-eighths of the adults who have died in this district during the last six months died of pneumonia. In my own county you may take a strip of country three miles wide, along the Missouri river from Brunswick to Glasgow, and there are not ten men alive there now who were alive there twenty years ago, and nearly every one died of pneumonia. Not one of the men lost a drop of their precious life's blood. They went to their graves with it all in "um" and with their bellies full of whisky, qui-

nine, carbonate of ammonia and veratrum.

Pneumonia is the opprobrium of the medical profession to-day. It is more fatal than cholera was in its palmyest day. I know one neighborhood in which there were nine cases of pneumonia and nine deaths, all treated on the vaso-motor, heart way plan.

Gentlemen, shall we go on, year after year, killing men and women, following the vain conceits of Todd, or Brown, or Jurgensen? Is a doctor born like a bull, with a ring in his nose, to be led about? If blood is the life in health, it is death in disease. The ghost debility is filling our graveyards with victims. Homœopaths, expectants, cowardly doctors, have filled our land with widows and orphans. A thousand new-made graves are the dread monuments of the vaso-motor change-of-type theory.

Authors tell us pneumonia is a disease of an asthenic type, that men die of debility, from failure of the powers of life. If this state of affairs occurs before death, what has produced it? Some *materies morbi*? Some occult cause in the atmosphere? Some essential fever? No! But inflammation of the lung did it.

In pneumonia a timely venesection will prevent what drugs can never cure. I say bleed in the forming stage; before the physical signs are to be relied on as evidence. After the prolonged chill, a period varying from a few hours to two or three days, the physical signs reveal but little. A few mucus or sub-crepitant rales is about all that is heard on auscultation.

I take the liberty of quoting here from Guttman, *Hand-Book on Physical Diagnosis*, page 149. He says: "In the stage of engorgement of the lungs the sputa, if present, are very scanty and tough, are composed mostly of mucous, include numerous bubbles of air, and are therefore transparent; they contain, therefore, but few morphological elements, are occasionally marked by streaks or spots of blood, and are of no definite shape when expect-

torated. They coalesce in the receiving glass, in which, on account of the large quantity of air enclosed in them, they float, forming a spumous layer on the surface of the water. The blood, which is present only in minute traces, is generally seen only on the surface of the sputum and is not intimately mixed with it.

The expectoration of such a sputum, beset with specks of blood, is a point of great diagnostic importance, as by it pneumonia may be recognized some time before the physical signs of the disease are developed; lobular, central pneumonia is often first noticed, and distinguished from other acute affections of the respiratory organs by this symptom alone."

Now what does the common country doctor say when called to a case in this stage of the disease? Why, that the man is "threatened with pneumonia," or he has "something like pneumonia," or he has "a 'tech' of pneumonia." A dose of calomel is given and the disease allowed to go on unchecked. At the next visit, pain in the side, blood and mucus, reveal the fact that the patient has more than a mere "tech," his vaso-motor fixings are out of gear, and down goes the inevitable aconite and veratrum. By the next visit, quinine and whisky, for debility, carbonate of ammonia, to prevent heart-clot, and, if he is half eclectic, pleurisy root and gelseminum are added to the bill of fare. A grave-yard consultation is now in order—the result is, the patient is declared to have typhoid pneumonia, and is "bound to die."

Gentlemen, I have seen this farce—no, this tragedy—enacted a good many times in my life. This term "typhoid" is the scape-goat for ignorance and cowardice. If a railroad car mashes a man's leg into sausage meat, and you don't cut it off, he will, in a few days, die with "typhoid smashed leg." Will men never cease putting effect for cause?

I do not say or believe that every case of pneumonia should be bled. Many cases

will do well without bleeding or anything else. Statistics gotten up where pneumonia does not kill look very nice. Dr. Bennett's one hundred and five cases and no deaths, and no treatment but rest and good diet, make a good showing for homœopathists and expectants. But suppose he had one hundred and five cases in some of our river bottoms, and had adopted that treatment; there would have been a good many funerals.

Pneumonia has not the same destructive tendency in Scotland that it has in Missouri. There is violence in the disease here that does not attach to it in our more northern States. The natural, innate tendency here is towards death. While pneumonia, unchecked in the beginning, pursues the same definite course as surely as the eruptive fevers, from invasion to resolution, yet there is, in this latitude, a violence of invasion and a more rapid running through its stages, a greater tendency to disorganization and destruction of tissue, than in the northern States and Canada. Consequently, an early interference, and that of a positive and unmistakable character, by the physician is urgently demanded to save life.

I will here quote a few lines from Dr. Ellis, in Wood's Library. When speaking of pneumonia, he says: "The treatment of a disease like pneumonia, which has been made a very battle ground between heroics and expectants, is matter of some nicety to discuss. Probably, however, a little common sense may, in this as in so many other debated questions, assist in a solution of the problem.

It should first be remembered (as indeed all admit) that there are pneumonias differing as widely in their symptoms, import, and gravity, as diseases bearing the same name can possibly differ; from sthenic primary pneumonia, to asthenic secondary pneumonia the range is wide indeed, and the treatment will of necessity vary in proportion."

After consolidation, of what avail are drugs? Does any doctor know of a medi-

cine that will soften or liquify the exudation? I understand the absorbants are the agents that carry this exudation out of the lungs; if the inflammation has been very intense the absorbants are paralyzed and cannot act. Now if blood-letting fail to abort (as it often will) the disease, it will lessen the amount of blood sent into the lungs, prevent destruction of the absorbents and hasten resolution.

Gentlemen, this result is not chimerical; or imaginary. I have, scores of times, by a timely bleeding, cut short the disease at the onset, or, failing in this, prevented irreparable destruction and death.

I commenced the practice of medicine as blood-letting for inflammation was going out and Toddism and Brunonianism were coming into vogue in my neighborhood, and I think I may be excused for relating some incidents that occurred where I commenced: There were two old doctors there, neither of whom bled in pneumonia. One of these soon after was attacked with pneumonia. He treated himself, took small doses of calomel and ipecac every two hours for four days, when "his flue collapsed" and he died. The other lost nearly every patient that had pneumonia. He gave quinine and brandy, and as inflammation was inflammation then, and not debility, of course he hurried them off. I was called in a neighborhood where he had lost three patients of pneumonia in one house. I met the dreaded foe sword in hand. I bled my patient freely, he made a rapid recovery. Well, this thing was repeated over and over with like success. The consequence was, my stimulating vasomotor, send-the-blood-along friend had to seek his hole. This occurred in 1847-'8 before "the change of type" had reached Chariton county.

The first case of pneumonia I ever saw I bled. He was a man well advanced in life. He lived to walk God's green earth for twenty years and read the epitaphs of his enfeebled neighbors who died of debility.

I call to mind but three patients that I have bled for pneumonia who died. Two of these were old men, one a drunkard. I did not then realise the necessity of a supporting treatment after bleeding. In one of these cases two old doctors (of large experience, such as a mule gets in a tread-mill) were called in consultation. Well, they put on their spec's and looked as wise as owls. Said I had "spilt innocent blood." Of course I took a back seat, and they drenched her with quinine, and whisky, and calomel, and oil, till the fourth day, when she gave up the ghost. One of these learned gentlemen told me he considered the liver the salient point to attack pneumonia; so he always gave calomel and quinine, and his patients all died.

As I rode into a practice on this hobby of bleeding in pneumonia, I may be excused for being a little partial to this practice.

I was at a doctors' meeting not long since where the subject for discussion was typhomalarial fever. A disease where debility is expected to be present without being inserted. One doctor related several cases in which a large hemorrhage occurred, and, as he said, Providence interfered and saved his patient. After a while, at the same meeting, the subject of blood-letting in inflammations came up. This gentleman was an anti-bleeder in inflammation. The ghost debility looked him in the face. Blood-letting, a huge bleeding, would save life in typhoid fever, but was certain death in pneumonia. Verily,

"God moves in a mysterious way,
His wonders to perform."

But I am told a great change has come over the human family during the last forty years. Men have become weak as water. Some attribute this enfeebled state to the falling of the stars in 1833, some to the cholera, and others to the boil epidemic.

Dr. Flint, however, says, neither disease nor men have changed. That blood-letting is neither more nor less demanded than in

past ages. The Doctor, since the little life-preserver, the lancet, saved his life twice, is somewhat enamored of blood-letting in some cases. I may be told, when the lancet saved Flint's life, he had capillary bronchitis. Did any of you ever see a case of capillary bronchitis in a patient in high life, full fed, and in the very vigor of manhood? Dr. Flint is a first-class diagnostician, but a man can't well auscultate his own chest. But admitting he had it, how many of us would have ventured to bleed? I will say, then, if called early to a case of pneumonia, bleed, and give opium and good diet. Some alcoholic stimulants may do good in moderate degree, in some cases, but this thing of firing a patient up with whisky who has hot skin, rapid breathing and throbbing arteries, cannot be too strongly condemned. We should be careful how we send our patients off drunk, for the Bible says, "no drunkard can enter the kingdom of heaven."

I think a good many pneumonic patients are killed with quinine. If there is any indication or reason for giving it, I don't know what it is. It disorders the nervous system, impairs digestion. It has no influence in preventing hepittization or hastening resolution. I know a man in my county who has complete amurosis from taking quinine for pneumonia last winter. His doctor gave him half a bottle in twenty-four hours on the "vaso-motor," "inhibitory," "accelerating," "depressing," "constricting," "dilating," hypothetical theory of the day. But the fashion now is, quinine, from a stone-bruise to a broken neck. If no more quinine should be used than is really beneficial in disease, it wouldn't be worth a dollar a bottle. Carbonate of ammonia and camphor will sometimes do good, often repeated, when stimulants are needed.

Blisters have seemed, in some cases, to hasten absorption of the exudation. There is no positive proof of this. Sir James Paget thinks they operate by reflex action. But veratrum produces the very state of

affairs that those who use it seem horrified at, "debility," and Ringer says, that so far from forwarding resolution, it delays it.

I will here quote a few lines from an essay by Dr. Gross, read before the American Medical Association, 1875, and entitled "Blood-letting as one of the Lost Arts:"

"But it will be said all these effects (from blood-letting) may and can readily be obtained by the agency of other remedies, such as aconite, veratrum viride, digitalis, mercury and tartar emetic, and that too at much less cost to the system.

That these articles are powerful depressants, lowering the heart's action and producing secretion, no one at all acquainted with their virtues will question; but I deny that they exercise the same beneficial impression upon the result at the seat of inflammation. When blood is drawn freely from a large vein at the bend of the arm, from a large orifice, to an approach to syncope, the vessels at the seat of the morbid action are unloaded, often to such an extent that the affected structures do not exhibit any marked difference in color from those in their immediate vicinity. Thus, for example, in violent conjunctivitis, the mucous membrane, the seat of the disease, always, under such circumstances, presents a perfectly blanched appearance, however red and engorged it may have been the moment before.

Now, what occurs in the eye, in such a case, may reasonably be supposed to take place in any other part of the body when a patient is bled to a similar extent. In pleurisy, one of the immediate effects of copious abstraction of blood is, a mitigation of the torturing pain, which forms so prominent a symptom in this disease, due, evidently, to the diminished calibre of the vessels in the pleura, previously in a state of complete repletion.

Has any one ever witnessed such an effect from the exhibition of aconite, digitalis, veratrum, or tartar emetic? Never! No matter how these articles may be administered, whether singly or variously combined, they are simply depressants, not depressants and evacuants, as the abstraction of blood from a vein or artery; there is no blanching of tissue from their use; no unloading of distended and crippled vessels; indeed, no appreciable effect of any kind.

The more recent researches in pathological histology furnish a hint not easily to be mistaken, as to the most salient treatment of inflammation in its earliest stages. The leading indication is to restore the paralyzed capillaries to their normal tonicity, so as to prevent structural changes in their walls, and facilitate the outward passage of the white globules with which they are choked.

It is now well known that in every inflamed area there is marked hyperæmic distention of the blood-vessels, which we often crowded to their utmost capacity with leucocytes which emigrate through the vascular walls and, in conjunction with the effused blood liquor, constitute the most important elements in inflammatory deposits. Hence the object of treatment should be to restore the capillaries to their normal calibre, through the artificial induction of contraction of their walls, an effect which can be brought about, as is daily witnessed in many of the external inflammations by cold applications, which, as is well ascertained, produce reflex contraction of the vessels. In inflammation of the more deeply-seated organs and tissues, however, this object can only be brought about by spoliative bleeding, whereby the affected capillaries are relieved of their contents. In this way only can their tonicity be restored, the further effusion, or migration of cell elements restrained, and the absorption of existing deposits favored."

It is humiliating to see a doctor sitting at the bed-side of a patient with a hepatized lung, doling out alternately, quinine, acornite, carbonate of ammonia and veratrum, expecting, hoping, believing he is removing the exudation by these humbugs. Stump-water, or saffron tea would do as well.

If bleeding was as easy of execution as dosing, there would be more of it done. Doctors would take chances on prostration. I have seen doctors tremble and shake in performing venesection as though they were signing the patient's death warrant.

If a certain course of practice kills two-thirds of the patients, isn't it about time to adopt some other?

There isn't a doctor in this Association that ever saw a man's life shortened one hour by blood-letting in pneumonia. In the

days of bleeding, two or three visits were all we could get in, ordinarily, in a pneumonia case before the patient would be up and coming to see us. But now-a-days, if a man above fifty years has pneumonia and is seen on our streets again, we look with as much astonishment as the Jews did, at the crucifixion of Jesus Christ, to see men get out of their graves and walk the streets of Jerusalem.

KEYTESVILLE, Mo.

Clinical Reports.

A CASE OF THE OPIUM HABIT TREATED WITH COCA.

BY J. D. IRWIN, M. D.

On the 19th of July, 1880, at seven o'clock, P. M., I was called to see Mrs. A., who was in great agony of mind, as was shown by her distressed countenance. She moved about the bed, throwing her arms, and was unable to control herself. The secret of her trouble was soon revealed. She was a slave to opium. Having commenced to take the drug, in the first place, to relieve pain, as was ordered by her physician, unknown to him, her husband, and even her mother, she continued taking the morphine in larger and larger doses until so accustomed to its use that sixteen grains were required daily.

Mrs. A. had not taken any morphine for thirty hours before I saw her in her excited condition, as she had made up her mind never to take morphine again. In order to allay excitement and produce sleep, bromide of potassium and hydrate of chloral were given in large doses through the night. After making my visit, I returned to my office, searched my library, but was unable to find satisfactory treatment for the opium habit, or any medicine which would act as an antidote.

Finally, I remembered reading an article

in the St. Louis CLINICAL RECORD, copied from the Louisville *Medical News*, and written by Professor E. R. Palmer, of Louisville. Dr. Palmer claimed, in this article, to have discovered a possible antidote for the opium habit, and that he had used coca, in several cases as a complete cure of opium eating.

Knowing that coca produces an excitant effect, that it gives increased vigor to the muscles and intellect, that it imparts feelings of great satisfaction, and that these feelings are not followed by any languor or depression, I was enabled to see the plausibility of its being used as an antidote.

The morning of the 20th, I commenced to give the fluid extract of coca (as prepared by Parke, Davis & Co.) in tablespoonful doses. At this time Mrs. A. was very weak and restless, troubled with vomiting, her pulse one hundred and fifteen, and she was scarcely able to speak. The first dose of coca produced but little effect. Soon after taking the second dose, a wonderful change took place. Her pulse was reduced from one hundred and fifteen to eighty-five, her face was flushed, the vomiting ceased, her countenance was lively, and she talked and laughed quite freely, and in the afternoon was able to sit in a chair. The night of the 20th she slept about half of the time, and awoke the next morning feeling quite lively and refreshed. She ate a nice breakfast, which she enjoyed, and was able to digest. Her pulse, at this time, was seventy-five.

Mrs. A. continued to improve, day by day, under the coca treatment, and on the 23d a carriage was ordered, in which she took a long drive. Mrs. A. left the city the 24th of July with an eight-ounce bottle of coca in her pocket, which she was advised to take in smaller and smaller doses until it was all gone, and then to take no more coca.

I may add, that I have heard from Mrs. A.'s husband since they returned home,

who says that his wife is enjoying good health without the aid of morphine, and has stopped taking the coca.

St. Louis, 523 Chestnut street.

A CASE OF OUTWARD DISLOCATION OF THE PATELLA.

BY J. H. M'INTYRE, M. D.

Prof. Clin. Surgery, St. Louis College Physicians and Surgeons.

Dislocation of the patella must indeed be of very rare occurrence when a surgical practice, civil and military, of over nineteen years furnishes but an isolated case.

A notice on this subject in a recent medical publication, that there are but thirteen or fourteen cases of this description on record, is fully corroborative of the fact of its extreme rarity.

We would have probably omitted the report of this single case had it not been for the singular manner of its occurrence.

Mr. P. weighs two hundred pounds. In the act of copulation his whole weight alighted upon the right knee of his partner, and produced the displacement.

The knee of the patient was of course very painful, anxiously held in extension. The characteristic and unmistakable signs of dislocation of the patella outward were present. The patella riding, with its articular surface on the outer surface of the external condyle, its outer edge being directed backwards, and its inner edge forward, leaving a remarkable depression on the anterior aspect of the knee. The inner condyle could be distinctly felt under the skin, and the exterior muscles were in a state of extreme tension, and the contour of the joint correspondingly changed.

My first attempt at replacing the patella without anæsthesia, although following the most approved methods of reduction, signally failed. Then placing her fully under the influence of ether, replacement was effected without difficulty, the bone gliding into its natural position with an audible

snap. A few days' rest of the affected extremity was sufficient to relieve the patient of all further trouble.

St. Louis, 614 Olive street.

Translations.

(Translated for the Clinical Record.)

THE GENERAL DOCTRINE OF SYPHILIS.—(*Union Méd. du Canada*, from *Le Praticien*) In Prof. Fournier's opening lecture, at the St Louis Hospital, on May 20, he gave a cursory view of the general subject of syphilis. We condense this lecture for our readers, presenting the more striking and important points:

In the first place, what is syphilis? Most authors have been content with describing its manifestations without defining it, although it is not altogether impossible to do so. It is a diathetic disease, resulting from the introduction of a specific virus into the economy, contagious and hereditary, essentially chronic and capable of manifesting itself in a series of symptoms appearing by successive outbursts in a determinate order.

Syphilis is a disease of foreign importation, it is not set up in the organism by causes pertaining to the individual, like tuberculosis, for example. Its specificity is evident and it would be useless to collect common-place causes, like cold, humidity, heat, etc., which, although they may determine other affections, would never be able to produce the pox—for this a special contagium is absolutely necessary.

How does syphilis arise?

Two primordial laws direct its pathogenesis: 1. The first symptom which follows the morbid contact only appears after a certain period of incubation varying from one to eight days. 2. The first appreciable phenomenon is produced at and is restricted to the point at which contagion has taken place. The lesion which thus records the outbreak of syphilis has received the name

of *chancre*; it is the initial lesion which results *in situ* of the syphilitic infection.

With the chancre the pox is born. In the following week it reaches the lymphatic ganglia, the bubo is *never* absent, it is the constant companion, the compulsory satellite of the chancre.

At seeing the bubo and chancre thus localized, we might think that they only constituted the entire disease; and this was the belief until recently. It is not so—forty-five days do not elapse before a new scene opens, and consecutive or general symptoms appear. They differ from the chancre in these particulars: first, they are subsequent; second, they are not the result of external influences, but spontaneous in their appearance and in their evolution; finally, third, they are not localized *in situ*.

A glance at the table of contents of any treatise on syphilis will show the multiplicity and variety of these symptoms, the names alone of which take up several pages. Their dissemination is no less considerable; all the systems, every tissue may be affected without exception; thus it has been truly said that pox contains in itself alone a complete pathology. It presents two principal characteristics in its evolution: first, the evolution of the diathesis takes place intermittently; second, this evolution submits—as a succession of symptoms—to a true chronological discipline.

Pox must not, in fact, be represented as a disease in ceaseless action—a continuous jet; its manifestations are separated from each other by intervals of repose, each longer in duration than the symptom. It has been wittily and truly said that it is a state of health interrupted by symptoms of disease; between the scenes, the morbid influence is shown by no symptom.

Young syphilis—termed secondary, by Ricord—presents two important characteristics; the lesions never compromise the tissues but in one way: first, superficial; second, slightly grave. There will be, for example, an erythematous or papular erup-

tion, sometimes an iritis or some visceral disturbances; of course, these lesions have their importance, for the patient, but they only skim the surface of the tissues without ever transforming them deeply. All these secondary lesions may disappear of themselves; in every case they may be caused to do so very quickly by mercurial treatment.

In the tertiary stage the two major characteristics are entirely opposed: first, the lesions affect the tissues profoundly, disorganize them and destroy and abolish their functions; second, they admit of a grave prognosis—very grave of some among them—these are hyperplasias which end in sclerosis, which compress organs and stifle them; or gummata which produce necrobiosis of the elements and destroy them. It is tertiary syphilis which causes those deep ulcerations which destroy the nose, the veil of the palate, those vascular lesions, until now so little known, syphilitic phthisis, cirrhosis, cerebral syphilis, etc.

Secondary syphilis has a certain uniformity in the order of appearance of its symptoms, which, besides, are remarkable for their multifarious forms. Thus, out of ten cases of syphilis at the secondary period, in at least nine of them, we shall meet with the following: roseola or a papular eruption, mucous patches, crusts among the hair of the head, enlargement of the cervical lymphatic ganglia, slight nervous disturbances, headaches, etc.

On the other hand, in the tertiary period, one will have a gumma of the pharynx; a second, an eruption upon the penis; a third, an exostosis; another, a syphilitic brain lesion; yet another, hepatic cirrhosis, etc.; the older the case is (*i. e.* further removed from the initial lesion) the greater is the disparity between different cases.

In another way they differ: The more recent the syphilis, the more prodigal is it of simultaneous manifestations; the older it is, the more sparing is it in this regard. Thus, in the secondary period a patient

may have, at the same time, eruptions, adenitis, alopecia, mucous patches, etc.; in the third stage it will be discrete, the lesions show themselves singly, at most two or three at a time, but in a very different manner from this rain, this string of lesions of the secondary period.

The secondary lesions appear only during a certain space of time, this passed, they never reappear; they follow each other rapidly; thus, after a limited time the patient is no longer in danger of the reappearance of mucous patches or a palmar psoriasis.

With regard to the tertiary lesions, exactly the reverse is true; they have no fixed beginning and no certain end. Generally it is two or three years after the initial lesion that they first show themselves; they do not follow each other at short intervals, but are, at times separated for several years; in the same manner, the interlude between the secondary and tertiary periods may be extremely long. The diathesis may lie dormant for a great number of years.

But still, what are the limits? For how many years is the patient to be threatened with a return of these symptoms? Interludes of three, four, and even ten years are not unfrequent. Tertiary symptoms have been seen to reappear after fifteen and eighteen years. Cases are cited of their reproduction even thirty and forty years after the chancre; finally, I have lately seen an old man of seventy-two years with a gumma of the thigh due to a chancre contracted at seventeen years; at the age of sixty-nine he had caries of the maxilla, which Demarquay, Ricord and Nelaton had recognized as being syphilitic. This patient recovered under iodide of potassium. Hence it may be said that tertiary lesions are the notes on demand of syphilis with unlimited maturity.

Syphilis, even when best treated, may be followed by late tertiary lesions. It is already known that syphilis does not repeat itself, that a person can never have it twice,

and that the cases cited to the contrary, when they do not present characters of incontestable authenticity are altogether exceptional. The pox may, therefore, last as long as life, but this gloomy conclusion is far from holding absolutely true in the great majority of cases. It may be affirmed that after having given rise to a certain number of manifestations it remains silent and inoffensive for the remainder of life. This is certain, that numbers of subjects, after having had syphilis and been properly treated, live to old age without having transmitted any disease to wives or children. Besides, the pox is not the only disease that does not repeat itself, it is exceptional to have typhoid fever, small-pox or scarlatina the second time. Must we think, on this account, that we remain all our lives under the influence of these diseases? If one has the pox only once, it is in one way fortunate, for this hinders the diffusion of the disease.

In a practical point of view, this duration of syphilis is a moral to be held in mind; from all the evidence, such a diathesis necessitates long and energetic treatment. Pure expectancy, applied to the pox, has left its detestable traces; to-day it is universally condemned. We can contend efficiently with a diathesis, whether it be the gouty, the scrofulous, the rheumatic or the herpetic, only by means of long-winded medication; it is the same with relation to the syphilitic diathesis. It demands a treatment as chronic as it is itself—not followed without interruption, but according to the indications—it should be taken up and discontinued again and again.

PROFESSIONAL APHORISMS.—(*Lyon Médical from Union Médicale*) Would you rid yourself of a bothersome patient? Send him your bill.

The patient who pays his physician is exacting only; the one that does not pay is a despot.

The physician who waits for his fees,

trusting to the spontaneous gratitude of his patients, resembles the traveler who waited for the river to stop running so that he could cross.

Exaggerated fees always turn to the confusion of the art and of those who practice it. A rich man upon whom a surgeon had just performed a serious operation, received from the latter a demand for an enormous sum. You ought to have warned me, said the sufferer, that your way of carrying on your trade is to demand "your money or your life."

When we reflect on the stupid credulity of men in relation to medicine, we ought not to be so much astonished that there are so many charlatans as at the fact that there are still so many honest people among the doctors.

A society lady, noted for her levity, asked her physician how many doctors it would take to make a scholar. He replied, just as many as it would take of lovers to satisfy a coquette.

Proceedings of Societies.

THE AMERICAN GYNECOLOGICAL SOCIETY.

The fifth annual meeting of this Society was held in the hall of the Law School, Walnut street, near Fourth street, Cincinnati, on Sept. 1, 2 and 3, 1880.

FIRST DAY.—The Society was called to order by the President, Dr. J. Marion Sims, of New York; the roll of members was called by the Secretary, Dr. James R. Chadwick, of Boston; after which, Dr. Thad. A. Reamy, of Cincinnati, delivered an excellent address of welcome. The order of business was immediately taken up, the first paper, by Dr. Robert Batty, of Rome, Georgia, on "What is the Proper Field for Batty's Operation," being presented in outline, he not having had time to complete its preparation. The field is a

very restricted one, according to its originator. The operation is applicable only to certain classes of cases: they must be incurable by any other means; they must be cases menacing life; they must be cases which the surgeon would reasonably expect to relieve were the change of life brought about. He asks himself these questions when called upon to decide as to the advisability of his operation: Is it a mortal case? Is it incurable by other known resources of the art? Is it curable by change of life? When these are answered in the affirmative the operation is the proper one. Such cases are those in which the uterus is absent with more or less irregular ovulation and violent nervousness. These are absolutely incurable by any other means. Analogous to these are cases in which complete occlusion of the uterine and vaginal canal follow mismanaged labor. One case of this kind was submitted to extirpation of the ovaries with the best results. Other cases in which menstruation is accompanied by violent perturbations of the mind, ovarian or menstrual mania, have been thus relieved and the cause of the disturbances found to be incurable disease of the ovaries. Ovarian epilepsy—proved to be such by long and careful observation—can be relieved in no other way. He was extremely emphatic in enjoining the extreme of caution and circumspection in selecting cases for this operation. It must not be forgotten that epilepsy in the female is *not* always of ovarian origin. It must be proven to be such before extirpation of these organs is thought of.

There are some cases of "pernicious amenorrhœa"—cases of absence of the menses that is destroying the patient—that are incurable by any other means, and are curable by removal of the ovaries. Cases of interstitial fibroid tumors of the womb which cannot be safely submitted to the usual process of removal, which are constantly subject to danger to life from exhausting hemorrhages, are relieved by

removal of these organs. The menopause is brought about at once, the tumors shrink, and life is prolonged in comfort. Certain incurable flexions of the uterus, producing violent vascular and nervous perturbations, can be cured in no other way. When the obstetrician is called upon to perform the Cæsarean section, on account of a contracted pelvis, he ought to remove both ovaries at the same time that the fœtus is extracted. He thinks we have no right to subject a woman who has once gone through a Cæsarean section to similar dangers from the same cause.

The second paper read was by Dr. G. J. Engelmann, of St. Louis, on "Two Cases of Anterior Displacement of the Ovary, Simulating Internal Inguinal Hernia—Battley's Operation."

The author wished to bring these cases before the Society, since they were, in this form, examples of a rare affection, and revealed similar symptoms and pathological changes. In one the disease was observed in its earlier stage, while in the other it had existed many years. Fully developed melancholia existed in the latter, while in the other, the one in which the displacement was of a comparatively recent date, symptoms of mental derangement were beginning to make their appearance.

Displacements of the ovaries, as described by all the authors accessible to the writer, has reference to retro- and latero- displacements. The literature of anterior displacements has yet to be written.

Case I. Anterior Displacement of the left ovary, at times Simulating Inguinal Hernia; Caused by a Fall; Dysmenorrhœa; Battley's Operation. The patient, twenty-four years of age; servant; single; was fairly healthy until her seventeenth year when she first menstruated. From the beginning the menses were scanty and accompanied with severe pain, especially in the left side. Her health has been failing for five years. Her severe suffering dates from a fall or jump from a second-story window two and one-half years ago. Her suffering during menstruation was intensified during

the sickness following the fall. Then, for the first time, she noticed a painful swelling in the left side—a "lump," as she calls it—which has been a source of the greatest misery to her ever since. No pain or swelling in the right side. The swelling in the left side was always to be found a few days before, and during the period; it sometimes became prominent after long standing or forced coughing. During the menstrual congestion it made its appearance in the region where incipient direct inguinal hernia is to be looked for. Her general health suffered, while her mental symptoms were profound depression of spirits and great lassitude—inability to think or act. She underwent all sorts of treatment before the nature of her trouble was suspected.

When Dr. E. examined her the left ovary was felt anteriorly in the vesico-uterine fold, sensitive, slightly enlarged and easily moved. The "lump" in the groin was not to be found. At the commencement of her next period the ovary was found forming a slight prominence a little above the external inguinal ring. It was exquisitely sensitive. No ovary was to be found in the pelvis.

She was given tonics for a while preparatory to the operation of removal, which was performed April 29, 1880, four days after the cessation of the menstrual flow.

The operation was by abdominal section, with full antiseptic precautions. The right ovary was not to be found. She recovered without much difficulty, very little rise in pulse or temperature and no suppuration. Irritability of the stomach and some hysterical symptoms only, interfered with the very excellent recovery.

She has greatly improved, both mentally and physically; has menstruated twice since the operation and has taken a place as house-servant. On physical examination no ovary is to be detected on either side.

Case II. A German woman, aged forty-seven years; never was pregnant; was always delicate and sickly as a child. When three years old, playing with older children, she was passed out of a high window to another child below. They "pulled her so hard that the blood came from her." A physician who saw her soon afterwards said she was ruptured and must wear a truss. This she did, off and on, always causing much suffering, until six years ago.

At times there was noted a swelling in

the right groin, usually, not always, more marked at time of menstruation. It was increased in size by walking or standing. The "lump" is always more sensitive during menstruation than in the interval. During the period she always suffers from general nervous irritability and pain in back and pelvis. When about twenty-one years old she had a severe fall, coming down in a sitting posture; she thought the coccyx was broken or bent forward. She has since suffered much pain in the rectum. At times she suffers from exquisite cutaneous hyperæsthesia so that she is unable to wear any clothing, at the same time she derives relief from firm pressure over the right ovarian region in a direction upward and backward. Stomach intolerant of food in any large quantity. Having such success with the first mentioned case, Dr. Engelmann is considering the propriety of operating in a similar manner upon this patient. Signs of the menopause having shown themselves of late, the advisability of removal of the ovary seems rather questionable. It is also to be doubted whether removal of the organ would dispel the nervous symptoms which have persisted so long.

The author concludes, from Case I: That the anterior displacement of even a healthy ovary is not a lesion which can be lightly considered, as some say. Although it may be an open question as to whether enlargement of ovaries is usually primary or secondary, we certainly have a case here in which the enlargement, if any exists, was just in its beginning and secondary to the displacement, which is a rare one. * *

* * In both these cases mental disturbances existed; marked melancholia in one case, incipient in the other, and, so far as he can judge, two and one-half months after the operation, decidedly relieved by removal of the displaced ovary. In the other, the suffering and mental symptoms have continued so long that he fears that removal of the organ would not bring relief.

He still considers Battey's operation "a last, a desperate, but not unpromising resort in those distressing cases of female suffering dependent upon ovarian disease or

menstrual congestion which all treatment has failed to relieve." He cited from a paper published some years since, what he considered, and still considers, the indications for the operation, to which we must refer (*vide Am. Jour. of Obstet.*, July '78).

He still adheres to the rule to operate by abdominal section in all cases, although in this one the ovary was so near the surface. He regrets not having followed his other rule—to remove *both* ovaries at one operation—since the patient is not completely freed from nervous suffering as he thinks she might have been had both been removed.

The subject of Battey's operation being now open for general discussion, Dr. For-dyce Barker, of New York, was called upon. He questioned the accuracy of the theory that the displacement of the ovary in Dr. Engelmann's cases was of traumatic origin. In three of his own cases of a similar nature, the dislocation was congenital. He thought perhaps that the violence suffered by these patients whose cases had been related might have aggravated a congenital lesion.

Dr. H. P. C. Wilson, of Baltimore, thought the operation a most heroic one, that it had been abused, and that it would continue to be abused. He insisted on the utmost caution in the selection of suitable cases. He related a case of a lady who had never menstruated, whose uterus was normal, but whose catamenia could never be established. She died with melancholia. He thought the case might have resulted differently, perhaps, if her ovaries had been removed.

Dr. W. H. Byford, of Chicago, alluded to a case of Battey's operation for uterine fibroids with exhaustive hemorrhages, reported as cured by the operator, Dr. Trenholme, of Montreal. This patient has been under his care for the last year, and she is by no means well. Hemorrhage results in consequence of anything like exercise or excitement, and then she gets so depressed,

almost to death. The menstrual flow does not occur, but irregular hemorrhages in their place. The patient is changed, in some respects, but not improved. He expressed himself as believing in the operation, however.

Dr. Sims related several of his cases and alluded to the mania for it shown by Lawson Tait, of Birmingham, England. His confidence in the operation increases every day. He thought Dr. Battey's classification of cases in which the operation is justified a good one. He thinks that a grand future awaits the operation when we know better how to discriminate the cases in which it is to be employed.

Dr. Wood, of Cincinnati, had never seen Battey's operation performed, but had removed many ovaries for disease. Dr. Engelmann had stated that he regretted not having removed both ovaries in the first case related. On his part, he had been glad that he had left one ovary in some of his cases. One woman from whom he had removed the right ovary in 1867, had since borne six living children—three boys and three girls. If both ovaries had been removed that family would have been sacrificed.

Drs. Drysdale, of Philadelphia, and Dr. Reeves Jackson, of Chicago, asked Dr. Battey for the results of his operation, and as to its effects in stopping fibroid tumors.

Dr. Battey, in closing the discussion, stated that in every case in which he had removed both ovaries, the menopause had been brought about. Whenever one, or a portion of one ovary is left, we may expect the continuance of the menstrual flow. He calls a case cured whenever the deplorable perturbations of the vascular and nervous systems are arrested.

Dr. H. P. C. Wilson read a very interesting paper on a case of ovariectomy complicated with pregnancy. He had collected twenty-nine cases, of which twenty-four women recovered and twenty children were saved. Statistics show that the operation

is more successful as regards both mother and child if it is performed before the sixth month.

Dr. Dunlap, of Springfield, Ohio, had performed this operation three times, one of which was fatal. He was in favor of inducing abortion before operating; he thought there was less danger to the mother's life if this were done.

Dr. Chadwick thought some cases would do better were no operation performed. He referred to a case in which a tumor weighing fourteen pounds was present in which the woman was safely delivered without an operation.

Dr. Battey spoke of a case in which a woman who had a sixty-pound tumor died after delivery from rupture of the cyst. She should have been tapped before labor. She had been tapped once and seven gallons of fluid had been removed.

Dr. Byford had found tapping very advisable in some of his cases. He opposed the induction of abortion before operation as dangerous.

Dr. Sims spoke of one case in which the tumor had been let alone, it had ruptured spontaneously and the patient had made a good recovery. He agreed with Dr. Chadwick as to the advisability of non-interference with small-sized tumors during pregnancy. If they were very large and caused dangerous symptoms, they should be removed.

Dr. W. W. Dawson, of Cincinnati, spoke of a case in which he had begun the operation of ovariectomy before he had learned the woman was pregnant. As soon as this fact was made apparent he desisted and did not complete the operation. The woman died. The patient was the wife of a physician, which fact made him less careful in his investigation of the case than he should have been.

Dr. A. Reeves Jackson read a paper on "Uterine Massage as a Means of Treating Certain Forms of Enlargement." He uses systematic pressure and kneading of the

enlarged organ by force applied through the abdominal walls by way of the vagina and per rectum. This was an old method, but it had fallen into desuetude until recently.

Dr. H. F. Campbell, of Augusta, Ga., had found quinia of much benefit in such cases as those referred to by Dr. Jackson.

The reading of papers and the discussions thereon took up so much time that the remaining papers announced for this day were deferred to next morning.

Adjourned.

SECOND DAY, Sept. 2, 1880.—Society called to order by the President. About two hundred visitors were present.

Dr. R. S. Sutton, of Pittsburg, Pa., read an essay on "A Case of Cataleptic Convulsions Cured by Trachelorrhaphy." Dr. Sutton made a better record with Emmet's operation than that achieved by Dr. Pallen, of New York, with Battey's operation. Dr. Sutton's case was chiefly remarkable for the severe nervous complications caused by so apparently insufficient a lesion as laceration of the cervix. The relation of cause and effect was demonstrated by the happy effect of the operation. It would appear, however, that the convulsions were epileptic in character.

Dr. Byford's case of extirpation of an encephaloid kidney, next read, was an interesting one, and especially valuable for the incidental remarks on the differential diagnosis of the affection. This paper was briefly discussed by Drs. Chadwick and Reeves Jackson.

Dr. H. F. Campbell read a most valuable paper on the value of quinine in gynecic and obstetric practice. Incidentally, Dr. Campbell combated the notion that quinine ever acts as an abortifacient. He has given it times without number to women in every stage of pregnancy without ever seeing it produce abortion. He discussed its excellent qualities as a tonic and antiseptic in pregnancy, the puerperal state and in gynecic practice. In fact he regards it as indis-

pensable in his practice. The paper was debated by Drs. Barker, of New York, Reeve, of Dayton, Murph and Reamy, of Cincinnati, and W. S. Howard of Baltimore. The last named gentleman did not oppose ten or fifteen grain doses of quinine, but deprecated its common and indiscriminate use, like that of calomel some years ago.

Dr. Campbell closed the discussion in his quaint and humorous style. He spoke of cases of abortion induced by malarial fever as not uncommon, and of one in particular in which abortion occurred because of the patient's refusal to take the remedy.

President Sims then delivered the fifth annual address, which was principally devoted to criticizing certain clauses of the constitution and by-laws of the Society. He advised that, in order to infuse more life and vigor into the Society, its president should not be eligible to re-election for two or more years after having occupied the chair; that some changes should be made in the order of business, in order to secure complete reading and discussion of papers; to extend the membership from sixty to one hundred; to provide for transferring active fellows to the list of honorary fellowship under certain circumstances; to elect candidates to fellowship by the Society—the Council to present *all* names after investigating qualifications and character of candidates; not to require candidates for membership to submit essays as a test of fitness; and to have the Council composed of five or seven members independent of the other officers of the Society. He was free in his characterization of the present policy of the Society as illiberal, formal and repulsive, and told the members very plainly that if no change were made, there would be danger of some one instituting a new national gynecological association conducted upon a liberal basis that would gather the young talent of the country into its ranks and, by implication, prove a formidable rival. He also advised future meetings of the Society to be held in the

Eastern States, where the majority of the members reside.

It need hardly be said that this address excited no particular outburst of enthusiasm. In fact, if the Probasco fountain, of which Cincinnatians are so justly proud, charged with ice-water, had been allowed to play upon the honorable members, it could scarcely have succeeded so well in chilling their most tender sensibilities. They even forgot to pass the usual vote of thanks to the President for his Address!

In the afternoon, Dr. G. J. Engelmann, of St. Louis, read a long and exhaustive paper on "The Instinctive (or Natural) and Physiological Position of Women in Labor." Some months since, the author issued a circular letter asking for information upon the different positions assumed by parturient women, especially in remote regions of civilized countries and among savages. This was widely published in the medical journals and distributed by the Smithsonian Institute to its numerous and widely separated correspondents. The answers to this letter and the results of the author's researches into ancient and middle age obstetric and medical literature furnished the data for his paper.

The introduction was taken up with an account of his objects in securing the information and the manner in which his data were obtained.

Then follows the main portion of the paper devoted to the position of parturient women among people whose labor is governed by instinct and not by the modern laws of obstetrics; among the ancients, the savage or uncivilized races of the present day and in remote districts of civilized countries.

He classifies the various positions, as nearly as possible, in accordance with the axis of the body assumed in each, and considers (A) the perpendicular or upright position, (B) the inclined position, and (C) the horizontal or recumbent positions. These are subdivided so as to include all

possible positions of the parturient woman, as follows:

The first (A) 1st, The standing; 2d, The partially suspended, and 3d, The entirely suspended positions.

The standing posture, uncomfortable as it may seem, has been observed by Dr. H. F. Campbell, of Georgia, in his own practice, while another correspondent describes the Sioux Indian women as being delivered in this position. He quotes Torquemada to the effect that the aboriginal inhabitants of the Antilles were also delivered standing. In the last century this seems to have been the most common position among the Sclavonians of Upper Silesia. According to Ploss, the native Hindoos, near Madras, favor the same position. In Central and South Africa, and among the Negritas of the Philippine Islands, the women are still delivered in the same posture.

Partial suspension is accomplished in various ways: some cling to the neck of husband or friend, others swing themselves by a rope from the branch of a tree, still again the woman is tied up, as if undergoing punishment, until the act is over. An army surgeon tells him, that among the Brulé Sioux, the woman clings with her arms about the neck of a strong male during the expulsive efforts. He states, on good authority, that the "young bachelor bucks are most frequently chosen for this service." In Japan, this position is assumed, apparently, only for the purpose of correcting malpositions of the fœtus; the midwife performing massage of the uterus and abdominal walls while the woman is in this position.

Dr. Carson, of Fort Yumie, Cal., informs the author that in some Mexican families the parturient woman partially suspends herself by two ropes suspended from above; massage is also freely used. Among the Somali, and the natives of Dar-Fur, in Africa, the same custom prevails. Among the Apache Indians of Arizona and the natives of Caram, an island north of Australia, the patient is tied to a post or tree with her hands above the head, until the fœtus is expelled. No bad effects are reported.

Entire suspension of the woman during labor has been observed among the Negroes of Louisiana, the Esthan, of Finland, and in some parts of Russia. Ploss reports similar facts from Brazil and, in rare instances, from Germany.

The inclined position (B) is, by far, the most common of all, among civilized or savage, ancient or modern peoples. This he subdivides into: 1st, The sitting erect: 2d, The squatting; 3d, The kneeling, and 4th, The semi-recumbent position, whether on the lap of an assistant, in a chair, on the floor or in bed.

He expresses a doubt as to the correctness of the information he has regarding the fact of women ever being delivered in the sitting erect posture, strictly speaking. Hooker reported to the London Ethnological Society, in 1869, the only positive assertion of the fact, and this related to the aborigines of Australia. The Nayer women, of Malabar, and the native women of Guatemala, are reported to be delivered in a sitting posture. In Calabar, Africa, the Canary Islands, in the province of Astrakhan, Russia, similar customs prevail.

Squatting, as in the posture assumed in defecation, seems to the author to be the most natural one for expelling any material from the abdominal or pelvic viscera; and several instances are cited to prove that this posture certainly facilitates labor. This is a hint worth remembering. The Kaffer women of South Africa, are delivered habitually in this position. Of course, in this posture, no support can be given the perineum, but he suggests that some very useful support may be given this structure from its resting upon the heel, and the sudden passage of the head is thus prevented. Among the Pawnees this custom prevails, and the women are mostly exempt from diseases resulting from parturition. Many of our native Indian tribes and the Mexican half-breeds, of New Mexico, follow this custom with advantage. The Kalmuck Tartars, the natives of Southern Arabia, of Polynesia, Persia, and various other parts of the globe, assume this posture quite commonly. Thus are secured absolute relaxation of the muscles of the lower extremities and the pelvis, separation of the limbs to allow space for the passage of the child, while whatever strain there is falls upon the muscles of the arms and chest.

The kneeling posture in labor was very widely prevalent among the ancients and is still resorted to in our own times. It is, perhaps, the most common assumed by our native Indians, especially the "blanket tribes"—those least civilized. This custom is most common, broadly speaking, among the red and yellow races. Our Indians

being mostly delivered kneeling with the body inclined forward; while the Mongolians seem, as a rule, to retain the body erect. The knee-hand and knee-elbow positions are modifications of the kneeling posture and have many followers and advocates from the earliest times to the present day. In Dr. Engelmann's collection of relics of the Mound-builders, he finds two images each representing a woman in the erect kneeling posture, the knees somewhat separated, the hands resting upon the knees or thighs in precisely the same position as that assumed by the Mongolians, and probably the Yumas. It is most probable that these figures represent parturient women, and that these people were delivered in the same position as the red men of the present day.

The horizontal or recumbent position (C), various varieties of which are described, is adopted by most modern civilized nations, as it was by the majority of the ancients. The semi-recumbent being especially in favor. This the author regards as the perfection of obstetric positions, the cosiest, most comfortable and advantageous to all concerned.

Sitting semi-recumbent upon the ground, or stone, or stool, during labor, is the position assumed by the women of various Indian tribes, Arabs and natives of Southern India.

The "obstetric chair" is merely an imitation of the position assumed by the woman seated on the lap or between the thighs of an assistant who sits on a chair or on the floor, the most common of the positions assumed by the women of ancient times among civilized peoples. Upon the lap of an assistant is the position assumed to-day by the parturient women along the whole western coast of South America, as it was in the days of the Incas of Peru. The antiquity of this position was proven by reference to Peruvian pottery of prehistoric times and by references to the Bible and ancient Roman writings and sculptures. The obstetric chair being only an imitation of the conveniences afforded by the assistant seated behind the patient, the legs widely separated and the arms supporting her by encircling the body.

The third part of his paper was taken up with the instinctive acts of women, during the last throes of labor, when they assume the posture most favorable to speedy and safe delivery. These have their prototypes in

the manners and customs adopted by their ancestors or by widely separated savage tribes of the present day. These customs afford many a hint to the obstetrician when he meets with difficult cases. While the ordinary semi-recumbent posture, taught as the best under ordinary circumstances, will meet the requirements of most cases, the natural instincts of the patient may often afford safe guidance in lingering labors and shorten the pains of travail while the accoucheur's tasks are, at the same time, lightened and his responsible position rendered more easy.

Dr. J. A. Eve, of Augusta, Ga., did not believe much in natural instinct, but depended more upon the aids afforded by science. He thought the woman was guided less by instinct than by the kind sympathies of friends. He did not consider the question of instinct, in this relation, of much value.

Dr. H. F. Campbell, who had furnished many important points for this paper, made some very quaint and humorous remarks in relation to it. He discussed the philosophy and physiology of the different positions, and strongly advised "the squatting posture" as an aid in certain cases of lingering and difficult labor.

Dr. Fordyce Barker expected more aid from instruments than from the natural instincts of the patient, although he admitted the advisability of allowing the woman to follow her inclinations in this regard in certain cases.

Dr. T. Parvin did not attach so much importance to the force of gravity as the author of the paper appeared to do; this with especial application to first confinements.

Dr. Reeves Jackson explained at some length the postures assumed by the Pennsylvania Dutch—on the knees of the husband—and thought it as good as any in use.

Dr. Engelmann, in closing the discussion, insisted upon a point overlooked by some of his critics, that what he had read applied exclusively to normal cases, and had

nothing to do with cases that required artificial aid.

Dr. Barker announced the nominations made by the committee for officers of the Society, to be voted for next day, after which the meeting adjourned.

THIRD DAY, Sept. 8d, 1880.—After the business meeting, with closed doors, at which the private affairs of the Society were discussed, the open session was called to order by the President.

The first paper read was by Dr. Theophilus Parvin, of Indianapolis, on Secondary Puerperal Hemorrhage. This was discussed by Drs. Campbell, Wilson, Sutton, Barker, Shepherd, of Grand Rapids, Mich., and Engelmann.

Dr. Campbell thinks tincture of iodine, diluted with four parts of water and injected into the womb, the best agent to control post-partum hemorrhage. Dr. Barker thought water at 110° F. the best hemostatic; he alluded to malaria as a cause of such accidents, in which he was confirmed by Drs. Campbell and Parvin.

Dr. W. T. Howard, of Baltimore, read an account of three fatal cases of rupture of the uterus, with laparotomy, which was discussed, very favorably to the author, by Drs. Wilson, Parvin and Campbell.

Dr. Jas. R. Chadwick, of Boston, read a paper on the Hot Rectal Douche. This therapeutic agent was applicable not only to acute and chronic inflammations of the large intestines, but also to the relief of many of the sequelæ of uterine and pelvic inflammations, cellulitis, etc. In the discussion which followed, the author stated that hemorrhoids were never increased by its use, nor caused by it when they did not preëxist. Dr. Campbell recommended that the douch be used at a higher degree of temperature than that referred to by the author—110° to 120° F. was not too high, only the cutaneous structures should be protected by a non-conductor of heat surrounding the tube by which the douche was introduced into the bowel.

Dr. Reamy, of Cincinnati, thought the rectal application a poor substitute for the vaginal douche. He doubted the capacity of the bowel to retain a sufficient quantity of water for a sufficient time to be effective.

A discussion ensued regarding Dr. Campbell's views on "rectal inhaustion," etc., which ended in a partial conversion of Dr. Reamy to the views of the facetious Georgian.

The Secretary, Dr. Chadwick, read a paper by, Dr. J. A. Eve, on Occlusion of the Gravid Uterus. No discussion.

Dr. Reamy read an abstract of his essay on Ulceration of the Cervix Uteri, based on an examination of over eight thousand women. The lateness of the hour precluded discussion.

Dr. Sims, in a few well-chosen words, thanked the society for the honor it had conferred upon him, and introduced his successor, the President elect, Dr. W. H. Byford, of Chicago. Dr. Byford accepted the position as a compliment to the profession of the West, and returned thanks in fitting terms.

The following papers were read by title, and will appear in full in the fifth volume of Transactions: On the Diagnosis of Pregnancy in the Early Months, by Dr. J. Taber Johnson, of Washington, D. C.; Freund's Extirpation of the Cancerous Uterus, by Dr. J. R. Chadwick, of Boston; A Supplemental Contribution to the Pathology of the Oicatrices of Pregnancy, by Dr. Samuel C. Busey, of Washington, D. C.; Manual Dilatation of the Os Uteri as a Means of Inducing Premature Labor, by Dr. W. L. Richardson, of Boston.

Dr. C. D. Palmer, of Cincinnati, was elected Fellow of the Society, and Dr. D. H. Storer, of Boston, was promoted from active to honorary fellowship.

Dr. Sims' recommendations as to changes in the constitution and by-laws lie over one year, under the rules.

Resolutions of thanks to the profession of Cincinnati, to the Fellows there resid-

ing, to Drs. Henderson and Dawson for the receptions tendered the members, and to the authorities of the Law School for use of their hall, were enthusiastically adopted.

The following are the officers elected for the ensuing year: President, Dr. W. H. Byford, of Chicago; Vice-Presidents, Drs. Thad. A. Reamy, of Cincinnati, and H. Fraser Campbell, of Augusta, Ga.; Secretary, Dr. James R. Chadwick, of Boston; Treasurer, Dr. Paul F. Mundé, of New York; Council, Drs. A. H. Smith, of Philadelphia, J. C. Reeve, of Dayton, O., J. G. Lyman, of Boston, and J. T. Johnson, of Washington, D. C.

The next annual meeting is to be held in New York, on the third Wednesday in September, 1881.

The first western meeting of this young and vigorous Society cannot be said to have been the equal of the four which have preceded it. The papers were too long and not up to the usual standard, while the discussions were necessarily too brief to be satisfactory.

Correspondence.

THE RATIONAL TREATMENT OF GONORRHOEA.

Editor St. Louis Clinical Record:

DEAR SIR:—In the January and June, 1879, numbers of the CLINICAL RECORD, Prof. Louis Bauer advanced some novel and, at the same time, plausible ideas in regard to the treatment of gonorrhœa. The pathological character of the disease had already been vividly portrayed by Bumstead, but as will be shown later on, the progress of the treatment laid down in his work, fails to elicit one point of conformity with his views.

Bauer and Bumstead, alike, look upon gonorrhœa as, indisputably, a local disease, whose course is local, and which is induced by some local excitant. Bumstead, after

inculcating such ideas, and expressing with emphasis the necessity of keeping them prominently before the mind, advises, in the same breath, caustic injections and a stimulating and exciting constitutional treatment. If there is anything in consistency being a jewel, it can be thoroughly and satisfactorily demonstrated to and highly appreciated by a patient under treatment for an inflamed urethra. We have all given the old plan of treatment a pretty thorough trial, and with what success? Gonorrhœal patients on our hands for weeks and even months, until finally they become disgusted, stop all treatment and get well of themselves. This is the experience, as a rule, and there is no denying the fact.

Bauer holds that "the erythematous inflammation of the urethral canal deserves special consideration and treatment in its special function to serve as an aqueduct for a saline fluid" (urine). And says further that gonorrhœal inflammation, "if not aggravated by stimulating treatment is limited to the anterior portion of the urethra," and that in such cases the following indications for treatment present themselves:

First. "Protect the mucous membrane against contact with urine.

Second. Dilute the urine with frequent bland beverages, warm (alkaline) baths, and the like.

Third. Reduce the inflammation and the hyperæsthesia of the nerve papillæ."

These ideas impressed me favorably, and I fully determined upon giving the "approved plan" a thorough and impartial trial. During the past fourteen months, thirty cases, in private practice and at the Northern Indiana State's Prison, were given the benefit of the emollient and soothing injection of the infusion of flax-seed and the aqueous extract of opium. All hygienic measures usually recommended were advised, great stress being laid upon scrupulous cleanliness, avoidance of stimulants and an occasional

saline laxative. In twenty-three of these cases it was found necessary to exhibit a weak solution of the acetate of lead to effect a complete reorganization of the membrane. To relieve the acidity of the urine, if any complaint was made, bicarbonate of potash was exhibited in twenty-grain doses every three or four hours. The injection was used every three or four hours, luke-warm, if convenient to the patient.

In nineteen of the thirty cases noted, my patients completely recovered in from five to twelve days; the others were of longer duration, but the sluggish manner in which they acted and their mode of life led me to believe the latter were not adhering strictly to my orders and advice. In no instance did a true chordee present itself.

It is not inopportune to mention that Lebert, who writes on diseases of the urethra in Ziemssen's *Cyclopædia* (Vol. VIII, Gonorrhœa, page 746), and who asserts boldly and unhesitatingly his belief that gonorrhœa is a specific morbid process, recommends irritating injections of the sulphate of zinc, etc., and the internal use of cubebs and copaiba. In regard to this treatment he says, in the same paragraph: "Not unfrequently this method has seemed to do no good whatever." (Volume VIII, page 768.)

Now read attentively the remarks of the same author on the "abortive treatment" of gonorrhœa, so earnestly and forcibly advocated by many of our bright lights: "Theoretically this method is quite satisfactory, since caustic fluids, such as nitrate of silver, often produces a change for the better in acute and recent inflammations of mucous membranes. But this plan is not unfrequently followed by deep-seated, phlegmorous inflammation of the urethra, severe pain, and sanguineo-purulent discharge, in short, by all the signs of intense urethritis; if, therefore, we can by this means deprive gonorrhœa of its specific character, yet we substitute generally a more troublesome and dangerous malady

than that which we had to treat." (Ziems sen, Vol. VIII, page 769.)

Knowing full well that the profession at large do not take kindly to innovations upon treatment, yet, taking our lack of success into consideration, I think it incumbent on us to give Bauer's "approved plan" of the treatment of gonorrhœa a fair trial and let the fraternity hear the result.

Yours truly,

ALEX. J. MULLEN, JR.

MICHIGAN CITY, Ind.

Extracts and Abstracts.

DYSPNŒA IN PNEUMONIA.—Dr. Bedford Brown, of Alexandria, Va., treats of the nature and action of the causes of dyspnœa in pneumonia, otherwise than hepatization, and their specific treatment, in the *Virginia Medical Monthly*, from which we abstract the following:

This symptom, to which such great value is attached as a guide to prognosis and treatment, does not correspond in degree with the amount of hepatized lung. He has never seen a fatal case of pneumonia which was not characterized by the most distressing dyspnœa. The causes of this symptom he considers to be of rather a complex character, and most intimately associated with the disordered functions of both the heart and lungs. If the heart is sound, acting with perfect rhythm, slowly and forcibly, although the lung may be considerably consolidated, there will be but slight resulting dyspnœa. On the contrary, if the heart's action is irregular, feeble and unusually frequent, although the area of consolidation may be but very moderate in extent, there will, almost certainly, be troublesome dyspnœa.

The pulmonary circulation being shut off from the portion of lung which has become consolidated in pneumonia, all the blood of the body must pass through the pulmonary vessels of the healthy portions of the lungs; hence the necessity for an increased number of inspirations per minute to compensate for diminished pulmonary capacity. So long as the column of blood from the right side of the heart can pass to the left regu-

larly, evenly and continuously, admitting sufficient air for its oxygenation into the lungs, there need be only a few additional inspirations per minute to compensate for the loss of breathing space. But when there is a failure to do this, either from inadequacy of cardiac power, or from excess of that power, or from some intervening circumstance, as œdema, excess of bronchial accumulation, and more venous blood accumulates in the healthy lung tissue than can pass to the left side, then true dyspnoea begins with all its train of distressing consequences. So there is a marked distinction to be drawn between the labored breathing of true dyspnoea caused by a sense of impending suffocation and the simple acceleration of respiration necessary to meet the new rate of cardiac action.

Edema of the lungs is a very common factor in the causation of dyspnoea in pneumonia. The forms of this affection most prone to this accident are the typhoid, malarial, and those associated with great blood impoverishment, as in anæmia and uræmia, the poisoning of pyæmia, and, lastly, in mitral disease. In malignant typhoid and malarial pneumonia, the effusion into the lung tissue is often so sudden, rapid and overwhelmingly extensive as to cause the most alarming dyspnoea, and not unfrequently a suspension of respiration within a few hours after the first onset. This condition of affairs is often confounded with active congestion and the error is often acted on. In these cases the primary effect on the pulmonary circulation is obstructive, then passive engorgement of the lungs, excessive accumulation of blood in the right side of the heart, and finally in the entire venous system, causing not unfrequently thrombosis of the pulmonary artery. Here is a state of affairs coöperating for the production of dyspnoea more exquisitely painful and alarming than in almost any form of this disease.

In the treatment of this condition, the combination of infusion of digitalis, in full doses, with tincture of the chloride of iron and infusion of ergot, constitutes a valuable and efficient means of removing the effusion and of improving the general state of both circulation and blood. To increase the diuretic action, liquor ammoniæ acetatis may be added. The value and efficiency of these remedies depend very much upon their frequent repetition. Revulsives, in the

form of extensive dry cupping, over both the diseased and healthy lungs, when œdema is excessive and dyspnoea very great, are invaluable. They are applicable to the treatment of all the conditions causing this symptom. The relief thus obtained is often prompt and speedy. Forty or fifty dry cups applied over the chest, produce enormous dilatation of cutaneous and subcutaneous capillaries and arterioles, constituting a temporary diverticulum capable of retaining for some time a pound or more of blood. The *modus operandi* of this procedure is therefore apparent.

Bronchial obstruction and paralysis are not unfrequent complications of pneumonia. The mucus secretion is copious and rapid; its accumulation is greater than its expulsion by cough; this continuing, terminates in complete relaxation of the bronchial tubes and bronchial paralysis, with a very dangerous state of insensibility of the respiratory nerves and those of the vasomotor system supplied to the lungs. Cough and expectoration either decline or cease entirely. If the bronchial occlusion from collection and paralysis is extensive there is always intense dyspnoea and extreme danger to life. The non-aëration of the blood causes an accumulation of carbonic acid, with cyanosis of the features, insensibility to suffering—in fact a condition of beginning asphyxia which, if not relieved, terminates fatally.

The leading objects in the treatment of these conditions are: first, to stimulate bronchial action and relieve paralysis; second, to remove excessive accumulation. In relaxation of the bronchi and loss of sensibility, with defective expectoration, when the mucus secretion is copious but thin, inconsistent and not tenacious, the free administration of nitric acid combined with minute quantities of nux vomica and ipecac, is the most potent means of exciting bronchial expulsive action and correcting the paralytic state. The ipecac acts on the muscular coat of the bronchial tubes as a stimulant, causing active contraction and expulsion of contents. Cough and expectoration may thus be restored under almost hopeless circumstances. When there is universal prostration and a tendency to debilitating perspiration, sulphuric acid and belladonna may be added to the treatment with advantage. When the mucous secretions are as above described, the mineral acids are especially adapted. On the con-

trary, when they are tenacious and adhesive, the acids are injurious, and the alkalies, particularly the preparations of ammonia, are peculiarly useful, as solvents, to aid in their expulsion. The acids are only useful in states of debility and relaxation. When the bronchial tubes are overloaded with thick, tenacious and adhesive mucus, while in a state of insensibility and paralysis, with inefficient cough, distressing dyspnoea and lividity of complexion, we must introduce an agent which can act as a solvent of this material and, at the same time, use means to stimulate the dormant nervous powers concerned in the process of respiration to expel the cause of obstruction. Carbonate of ammonia and bicarbonate of potash with wine of ipecac and tincture of nux vomica, unite all the requisites for their purposes.

Weak and irritable heart from natural causes is a source of danger. Just in proportion as the heart, in its organism and function, diverges from the average standard of strength, will there be difficulty, in event of an attack of pneumonia, in sustaining the regularity of the pulmonary circulation and in equal ratio will there be embarrassment of respiration. Just in proportion to the increase of frequency of action is there loss of strength and power. In proportion, also, as the ventricular contractions gain in frequency and lose force, the power to sustain the pulmonary circulation declines, while venous blood accumulates in the lungs, causing extreme dyspnoea. Thus, when the rate of ventricular contraction reaches one hundred and thirty or one hundred and forty per minute, they become so feeble in propelling force that the right ventricle fails to force the pulmonary circulation through, while the left ventricle, in not receiving its accustomed supply of oxygenated blood, fails to throw the arterial column with sufficient force to the systemic capillaries.

The treatment of this form of dyspnoea is to slow the action of the heart and, at the same time, not only not impair its force, but actually to increase cardiac power. To impart the wanted power of contraction and to lessen irritability, we have at our command, active agents which exert an exceedingly energetic influence on the vaso-motor system—having both a tonic and sedative influence on the heart. These are digitalis, belladonna and nux vomica. By this combination, with the aid of stimulants and

nourishment, the excessive action of the heart may be reduced to the normal standard, while the right ventricle receives ample power to sustain the pulmonary circulation until resolution has been accomplished.

Softening of the muscular structure of the heart is a far more frequent complication than is generally supposed. When it occurs in pneumonia it presents characteristics very similar to the same condition in typhoid fever. The heart's action is exceedingly rapid and feeble; there is absence of impulse, or, if present, it amounts to a mere vibratory thrill; the systolic sound is generally absent or very indistinct, and dyspnoea is always very distressing in these cases. The tendency to asphyxia is indicated by lividity of the complexion and tongue.

The treatment of this, like that of the last described complication, is directed to slow the rate of cardiac action and, at the same time, to strengthen the power of ventricular contraction, by the influence of those tonics and sedatives which act on the heart through the vaso-motor system. The infusion of digitalis and tincture of nux vomica in combination will accomplish that object better than almost any other agents, particularly when associated with nourishment and diffusible stimulants. To restore the depreciated condition of the blood and the impaired nutrition of the tissues of the heart, the tincture of the chloride of iron, solution of acetate of ammonia and arsenic, in the form of Fowler's solution, are all valuable. Dr. Brown thinks that the specific action of digitalis is directed with as much, if not more, force to the right ventricle than to the left.

Unequal action of the right and left ventricles occurs in violent attacks of acute pneumonia of a genuine sthenic type. The right ventricle, acting with inordinate power and at an increased rate of frequency, propels with greater rapidity a much larger amount of venous blood into the pulmonary vessels than they can carry through into the left auricle, whence results a highly deceptive state of affairs. By excessive action of the right ventricle, the cardiac impulse becomes exceedingly violent and forcible; dyspnoea is very great; temperature high; while the radial pulse, though accelerated, is apparently, in its softness and feebleness of character, entirely disproportioned to the violence of type and the other symptoms. In such cases, there is active and

extreme engorgement of the pulmonary circulation; and in a former generation, when phlebotomy was fashionable, medical men were wont to bleed, knowing that, in proportion as venous and pulmonary congestion were relieved, there would be developed strength and force in the radial pulse.

Treatment: In this class of cases the action of these cardiac sedatives—aconite and veratrum viride—by their direct and prompt influence on the inordinately excited right ventricle, slows and regulates its action towards a normal standard, permits the congested lungs to disgorge their excess of blood, and the left ventricle to receive its full share of the circulating current. In this manner, while the violence of cardiac impulse and excitement are allayed, the dyspnoea is relieved and the pulse is both slowed in rate and increased in force. In weak and irritable hearts, and in softening of the heart, inducing impairment of its force in pneumonia, attended with dyspnoea, we need a cardiac slower with tonic powers, such as digitalis, to reduce frequency of action and give ventricular strength. In violent action of the organ with too much power, but also dangerously affecting the respiration, we need also a cardiac slower, but with sedative powers, such as aconite.

ALUMINÆ ACETAS.—Dr. A. Rose, editor of the *International Surgical Record* gives his experience with this preparation in his journal of September 8, 1880. We present the principal points of this paper in abstract:

This agent was first recommended by Burow, later by Billroth, and more recently by v. Bruns; the latter using it in some cases instead of carbolic acid in Lister's antiseptic dressings. After a discussion of the chemistry of this substance, Burow's method of preparing it in a pure state for internal administration, which is as follows:

"First, dissolve ten parts of sulphate of alumina in the least possible quantity of hot water, then seventeen parts of crystallized acetate of lead in the same manner, and mix the two solutions while hot; stir well, set aside for awhile and then filter, washing the precipitate, consisting of sulphate of lead, with a little warm water. The clear fluid is now saturated with sulphuretted hydrogen until the odor of the latter is clearly perceptible; then separate with the filter the resulting sulphide of lead, warm

until the sulphuretted hydrogen has disappeared, filter again and dilute the filtrate with sufficient water to make the whole measure forty-eight parts; we have then, in an ounce of the solution, a drachm of dehydrated acetate of alumina.

This solution is a clear fluid of a specific gravity of 1.0392, of a sharp, sweetish astringent taste, and with a distinct odor of acetic acid. Evaporated in the open air, it deposits upon glass or porcelain, light, fragile, glossy scales which are perfectly soluble in water and not readily affected by the atmosphere."

Dr. Burow tested the matter personally and found the dose for internal administration to be from twenty to sixty drops of the solution. In maximum doses it produces an unpleasant sensation of warmth and fulness in the gastric region, and at the same time vertigo and confusion of the senses set in and persist for several hours. Theoretically, it seems to commend itself for internal use in zymotic diseases.

For external use, it is not so important to have a chemically pure preparation as that it should be of definite composition and one the degree of concentration of which can be regulated at will. The presence of a potassium salt is also of no consequence. Such a preparation may be made from common alum and acetate of lead, one-sixth parts of the latter reducing one part of the former; fifty-five of alum and thirty-one of acetate of lead are dissolved in cold water, and this process gives an almost complete decomposition of the sulphate of alumina in a nearly concentrated solution.

Burow first employed it externally in cases where he desired to remove disagreeable odors. He found it most beneficial in the so-called hepatic ulcers of the leg; varicose ulcers improved to a certain point and then remained stationary. The different forms of tinea and similar parasitic skin affections yielded to it readily. In recent and chronic gonorrhoea it proved efficacious, used as an injection without removing the precipitated sulphate of lead. Very weak solutions were used as a mouth-wash for offensive breath depending on scrofulous ulcerations, aphthæ, caries of the teeth or the wearing of artificial teeth.

Burow believed it to be *the* antiseptic. He stated that in twenty years, during which he had treated all wounds with acetate of alumina, he had seen no death from

pyæmia in his wards, where, in small apartments, there were confined, on an average, five patients who had undergone operation or presented suppurating wounds. From numerous experiments it is clear that, as a destroyer of bacteria, it has no superior. As a surgical dressing it may be used by keeping the wound saturated with a solution of moderate strength or by irrigation, as in compound fractures, etc.

The stronger solution required is one of three per cent., which is prepared from ten parts of alum, sixteen of acetate of lead, and sufficient water to make one hundred and forty parts; for purposes of irrigation this may be diluted by from three to six volumes of water, giving one or one-half per cent. solution.

In the same journal for September 15th, the editor refers to the absolute failure of Wickersheimer's solution, so widely quoted as the best preservative of anatomical subjects, and states that the solution of acetate of alumina is much better and deserves a thorough test. Burow used a concentrated solution as an injection with such success that, after two weeks, two cadavers (children) showed no evidences of putrefaction.

ACIDITY AS A CAUSE OF STERILITY.—In many cases of sterility the cause is not discernable. The conditions for impergnation are apparently all present—the anatomical configuration of the female genitalia is perfect, and the male fluid teems with lively spermatozoa—but the most honest effort is unattended with the desired result. Dr. Charrier, in a recent paper, points out a possible hindrance in such cases. His conclusions are:

1. In some rare cases, in women who are otherwise quite well, the utero-vaginal secretions are quite sour, shown by their reddening litmus.

2. This acid may prove an absolute obstacle to fertility, as spermatozoa are killed in even a slightly acid medium.

3. This abnormal state is to be remedied by alkaline treatment—alkaline drinks and baths, and tepid alkaline injections.

4. When this acid condition has been neutralized, conception may take place.

5. The disappearance of acidity under alkaline treatment may explain the success obtained at alkaline and sulphur-alkaline mineral water establishments in the treatment of sterility.

Professor Pajot confirms this statement, and states he has prescribed injections of Vichy water in such cases for many years.

Dr. Charrier recommends Byasson's solution (water 1,000 grams, the white of one egg, and 69 grams of sodium phosphate) as an injection. He found that spermatozoa kept in this fluid at 36° C. were alive after twelve days.—*Cincinnati Lancet and Clinic*.

NON-POISONOUS PRESERVATIVE FLUID.—The *Ohio Medical Recorder* states that Wickersheimer's fluid has proved an utter failure in preserving subjects, and quotes Hegar's formula for an effective preservative and antiseptic as follows:

R Salicylic acid..... 20 parts.
 Boracic acid..... 25 “
 Potassium carbonate..... 5 “
 Dissolve in hot water..... 500 “
 Glycerine..... 200 “
 Then add oil of cinnamon,
 oil of cloves, each fifteen
 parts, dissolved in al-
 cohoh..... 500 “

It is an exterminator of moths and vermin and has a pleasant odor.

SALICYLATE OF SODIUM has been given by M. Dresch for chorea of rheumatic origin occurring in a child ten years of age. He gave six grams (90 grains) in the twenty-four hours, in divided doses. The first day it caused vomiting and sleeplessness, but on the second day it was better borne and all the symptoms improved. After thirty-four grams (about 520 grains) had been taken the choreic movements mostly ceased and the medicine was discontinued; in eight days the child had recovered.—*Philadelphia Medical Times*.

ESMARCH'S painless caustic powder, for the removal of morbid growths, cancer, *et cetera*, is prepared after the following formula:

R Arsenious acid..... 1 part.
 Sulphate of morphia..... 1 “
 Calomel..... 8 “
 Pulv. gum Arabic..... 48 “

Mix. Sprinkle thick every day on a surface either raw or denuded of cuticle by a blister.—Dr. E. Andrews in *Michigan Medical News*.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - OCT., 1890.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

REFORM IN ASYLUM MANAGEMENT.

It is possible that our readers may think that we devote too much time and space to the discussion of this subject. When it is considered that every individual may have a direct personal interest in the matter; when the increase of mental and nervous disease calls every year for greater and greater expenditure for the purpose of caring for the insane from the private and public purse is once reflected upon, then we are sure that not too much has been written upon this subject—too much cannot be done to render these institutions of the highest efficiency both as regards the care and cure of their unfortunate inmates.

A movement has already been initiated in the Eastern States which bids fair to secure a far higher degree of efficiency than has heretofore been attained in even the best managed of those great institutions. They are to be submitted to a more rigid system of official inspection, and medical advisers will soon find their tenure of office dependent upon their ability and efficiency and no longer based upon personal or political influence.

In the State of Missouri there is no system of inspection of asylums by competent medical supervisors—absolutely none. Boards of managers are the only safeguards

of the public hospitals for the insane, while the private institutions are left altogether without outside supervision. That this negligence should engender carelessness, amounting almost to criminality, and utter disregard of the first principles of enlightened asylum management is what must be expected in the very nature of things. That this is no overstatement of fact is well illustrated by a recent occurrence at our own best known private asylum. We condense the account from the proceedings before the Coroner's jury, as given in the *Republican* of September 26th:

The patient, a young lady from Texas, named Miss Sarah V—, was admitted on June 17th of the present year. She was the subject of melancholia with suicidal tendencies. Before admission she had made two attempts at suicide—once by throwing herself from a second-story window, once by trying to set her bed on fire. The latter method seemed to be a favorite one with her. On September 23d she was left with some other insane patients in a room with a fire burning in a stove, *without an attendant*. Her hands were tied together, but this did not prevent her from opening the stove door and pushing a portion of her dress into the fire. Her entire clothing was soon in flames, and, although they were soon extinguished, her death resulted in a few hours. All this happened about noon on Thursday, but the Coroner was not informed of the accident (!) until late Friday afternoon. Verdict: suicide, the result of melancholia.

St. Vincent's Institution for the Insane is under the care of the Sisters of Charity. They manage the financial affairs, furnish the attendants and do most of the medication of patients, besides applying restraint as they see fit—whether mechanical or by seclusion. The medical attendance is mostly nominal. A physician sees whichever patients are indicated to him by the Sisters in charge, and half an hour's time suffices for the medical care of one hundred and fifty patients. Supplementary medical(?) attention is furnished the unfortunate inmates by an individual who rejoices in the possession of diplomas from

two or three institutions as a substitute for medical knowledge. No medical officer resides upon the premises. No supervision by medical authority of any kind is provided or permitted.

No one has a higher degree of admiration for the Sisters of Charity than the editor of this journal; no one can respect their self-sacrifice more than he does; but he cannot remain blind to the fact that the entire system is miserably defective. The physical weakness and womanly fears of the good sisters lead them to employ an amount of restraint in their asylum that would not be tolerated in any public institution of the kind in any civilized country. The medical treatment being consigned to the hands of incompetents, cannot but prove entirely futile in the large proportion of cases. The city asylums bear witness to this inefficiency by the large number of cases of chronic mania and secondary dementia they contain which have frittered away their only hopeful stage in St. Vincent's Institution.

The fault lies primarily with the State, for not furnishing its insane with competent medical inspectors of asylums; secondarily with the so-called chief medical officer of the institution himself, for not attending to his duties as such and for appointing an incompetent assistant. Matters relating to restraint and seclusion of patients should not be left to the whims or fears of a few overburdened women, kind-hearted and conscientious as they may be. Only a physician skilled in psychiatry has any right to direct the treatment, medical, physical or moral, of the insane.

We are not alone in our condemnation of the management of St. Vincent's Institution for the Insane. We have the names and addresses—not of patients only, who have been inmates of its halls, but also of friends and relatives of patients who have been consigned to the tender mercies of its inattentive physician and his incompetent assistant, who agree with us in every particular.

DR. E. GRISSOM asked permission to reply to our correspondent's criticism upon Dr. G.'s recent pamphlet, which was freely given. On learning that Dr. Hammond was not the author of the critique, Dr. Grissom declined to furnish any reply. It certainly appears as if Dr. Grissom labors under the delusion that Dr. Hammond has persecuted him. It never seems to have occurred to him that any one else could be capable of finding fault with his facts or his arguments.

THE editor of the *Arkansas Medical Journal* proposes to find out the legal status of the Little Rock medical school through the courts. We hope the test will be made and the matter settled once for all. The courts can decide legal matters, if they do sometimes err in matters medical.

HIPPOCRATES will not thank us from beyond the Styx for not spelling his name correctly. However, the deed is done, and if the Old Man of Cos does not fancy having his name begin with *Hyp*, we cannot help it, for the first forms were printed when we discovered the error.

Book Notices and Reviews.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, at its twenty-third Annual Session, held at Carthage, Mo., May 18, 19 and 20, 1880. 8vo. pp. 164. St. Louis: Davis & Freegard, Printers, 417 N. Third st. 1880. From the Secretary.

The volume before us is well printed upon excellent paper, and is handsomely bound. We compliment the Committee on Publication upon the appearance of the Transactions at so early a date after the meeting.

We wish we could close our notice with these complimentary expressions, but our duty to the profession of the State does not permit.

We note that the Transactions were ordered to be issued within two months

after adjournment, and that none of the papers read before the meeting were to be published in any public print or medical journal until they should be published in due form and distributed to the members. Now, we have never been able to find any good reason for such restrictions upon the publication of scientific papers. If they are of any value, it is certainly unjust to the author as well as to the profession to delay their publication. This has been recognized, apparently, by the Chairman of the Committee on Publication, for we find *his* contribution (a very good one) to the interest of this meeting published in a Louisville journal *before* seeing it in the Transactions. In a foot-note in the journal, we read "Read before the Missouri State Medical Society, 1880, and *to appear* in its Transactions." It would seem that the injustice of the rule was recognized by the author, and that he had no hesitation in violating it.

Another remarkable piece of ill-natured spite against the medical press was manifested in the instruction of the Committee on Publication "not to approach the publishers of any medical journals in obtaining bids for the publication of the Annual Transactions. Seconded, fully discussed and *carried*." Such contemptible action was hardly to have been expected outside of Russia or China. It indicates a very low degree of civilization.

Something over two hundred dollars of the Society's funds were lost through the suspension of a "wild cat" banking institution of Kansas City. The Treasurer was exonerated, which was the proper thing to do, seeing that the State Treasurer committed a precisely similar error, and was permitted to escape the consequences of his mismanagement.

The following telegram to the Illinois State Medical Association, which held its meeting at the same time, is a gem in its way: "The Missouri State Medical Association to the Illinois State Medical Society,

in session at Belleville, greeting: Sister States; brothers in profession; objects the same, to-wit: the happiness of mankind."

"Here is richness for you!" The confusion of sex is perhaps attributable to the fact that several lady physicians were members of the Illinois Society. Objects the same? Yes, without doubt, but the happiness and emolument of cliques—not of "mankind"—would have been the more truthful statement.

Dr. G. M. B. Maughs' address, as retiring President, upon "Medical Ultraisms," was ostensibly a protest against too much specialism in medicine, while it presented the claims of one specialty (his own) very prominently. Less use of the threadbare witticism relative to the general practitioner being ultimately confined to the umbilicus as a field for the exercise of his profession, would have been better adapted to the wants of a truly scientific assembly, although well enough suited to the ordinary class of students upon whom it has been inflicted for half a decade.

Dr. A. J. Steele described very graphically his treatment of a deformed wrist-joint, which was very successful. He might have saved himself from the suspicion of self-advertising, if he had not carelessly(?) mentioned the fact that the method he described of taking a plaster cast of the limb was the same that "we are *daily* adopting to obtain busts of our spinal cases." It must be very discouraging to "the case" to submit to the necessary manipulations "daily."

Dr. F. M. Johnson described a case of complete outward dislocation of radius and ulna. His delusion that this was a rare accident was rudely dispelled by the members, one of whom had seen three such cases in six months!

The longest and best essay read was by Dr. G. J. Engelmann, on the "Simplest Uterine Manipulations and Operations and the Accompanying Dangers." The writer very candidly relates his own mishaps, and

enforces—none too strongly—the advisability of caution. We do not know, however, that gynecological manipulations and operations are any more dangerous than surgical procedures generally. The most trivial of minor operations may result in death. A little exaggeration of the importance and frequency of such accidents as the author describes may deter some hare-brained ignoramuses from attempting to do what they have no right to undertake.

Dr. George Halley reports two cases of removal of the infra-orbital nerve and sphenopalatine ganglion for neuralgia; both entirely successful. One operation was performed in 1877 and the other in October, 1879. We hope he will report at a future meeting upon the permanency of the results obtained.

Dr. J. M. Allen, President-elect, read an interesting essay on the "Relation of Mind and Matter." We do not see, however, that he made the subject very clear, inasmuch as he assumes that mind is a function of brain which is certainly material substance.

Dr. F. J. Lutz made some very excellent remarks on abdominal surgery and described, very felicitously, the successful removal of a large cyst of the broad ligament by laparotomy. Listerism, of course, was employed in every detail.

Dr. Chas. A. Todd described the dry method of treatment of discharges from the ear. He cleanses the ear with absorbent cotton—*no water* whatever is used—and insufflates a powder by means of a tube. Borax is principally used. Calcium sulphide may be given internally in doses of one-twentieth to one-half grain.

Dr. T. J. Tefft's paper on "Miasmata," is given in abstract only. We judge it was one of the best presented, but Dr. Tefft is a "country doctor," hence he was promptly suppressed—as far as possible. He is evi-

dently a believer in the doctrine of specific disease germs, and we wish his *facts* had been printed.

Dr. H. H. Mudd presented a report on Lithotomy and Lithotrity—mostly devoted to the former, in which he advocates cutting instead of dilating the prostate—and on Cerebral Localizations—in which he relates an illustrative case of trephining for cranial injury. Guided by the symptoms, trephining was practiced for the relief of epileptiform seizures, with the best results.

Dr. S. S. Laws reported on Medical Education, in which the interests of the Medical Department of the State University were carefully attended to.

Dr. J. S. B. Alleyne's report on Progress of Medicine, was valuable—as a means of increasing the bulk of the volume.

Obituary notices of Dr. A. B. Taylor, of Kansas City, and Dr. Thos. Kennard, of St. Louis, close the regular papers. In the sketch of Dr. Kennard a very imperfect list of his medical writings is given; in such a paper we should expect something better.

It seems that sixty physicians were in attendance at this meeting, of which the significant "thirteen" were from St. Louis, sufficient to capture all the secretaryships and the Committee on Publication. The other offices were pretty fairly distributed over the State. Of the one hundred and sixty-four pages, thirty-three are taken up with lists of members, officers and the like.

On the whole, we are satisfied with the improvement of the present over the last volume of "Transactions." We shall give careful attention to the meetings of this remarkable body, and chronicle all signs of progress we shall be able to observe. It is very evident that our notice of the last volume has had a very healthful effect. No such "Report on the Progress of Surgery" as—graced the last volume is to be found in this!

WOOD'S LIBRARY, VIII :—

A TREATISE ON COMMON FORMS OF FUNCTIONAL NERVOUS DISEASES. By L. Putzel, M. D., Physician to the Clinic for Nervous Diseases, Bellevue Hosp. Out-Door Department, Etc. 8vo. pp. 256. New York: William Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, 514 Olive st., sole agent. Sold by subscription only.

This book has evidently been "written to order." There was no necessity for its being excepting the demand of the subscribers to the series for some work on nervous affections to make it (the series) more comprehensive in its scope. The title is not by any means an index of the contents of the book. *En passant*, it may be well enough to state that no table of contents is given, while the index is by no means complete.

In his preface, the author states that "If we glance through the most widely-known text-books on nervous diseases which have appeared in the English language, we will find that due attention is not paid to functional affections, although they are by far the most important, and are much more frequently encountered by physicians than diseases due to organic lesions." The author should not have attempted such a criticism unless it was his purpose to remedy the defect complained of. This he has not done, for he omits hysteria entirely from his list of "functional nervous affections," one of the most "common" and most indisputably "functional" of nervous diseases. Again, although he is writing a special treatise, and has time and space at his disposal, we find that he gives only forty-six pages to epilepsy, while Hammond, in his systematic work, which is perhaps the most "widely-known text-book on nervous diseases which has appeared in the English language," gives thirty-three pages to the same subject, while Wilks has forty-one pages on the same disease. Ziemssen's *Cyclopædia* (Vol. XIII) devotes one hundred and fifteen pages to epilepsy,

and Putzel's translation of Rosenthal, from which he seems to have derived most of his inspiration, gives but sixteen. It is barely possible that Dr. Putzel labors under the delusion that this translation is the one consulted by most English-reading students! At all events, his criticism seems to be applicable to it almost exclusively.

Eighty-seven out of two hundred and forty-nine pages of this book are devoted to a treatise on peripheral paralysis, the different forms of which are certainly not functional in their nature. In fact, chorea, epilepsy and neuralgia are the only "functional" nervous affections considered at all; the greater number of such diseases, such as catalepsy, hysteria, hystero-epilepsy, ecstasy, eclampsia, tetanus, hydrophobia, paralysis agitans, writer's cramp, sexual neuroses (impotency, seminal losses, etc.), and the vaso-motor and trophic neuroses, are not mentioned.

With reference to the treatment of chorea, nothing is said of the hypodermic use of arsenic, which is, by far, the best treatment for obstinate cases. The author ought not to deprive his readers of the knowledge of any therapeutic agent simply because some one he does not like has recommended it. He ought to know that others besides Dr. Hammond have found the hypodermic use of arsenic in chorea extremely beneficial.

Nothing is said of the use of nitro-glycerine in epilepsy. Dr. A. McLean Hamilton is evidently another of his *bêtes noires*! The directions for the use of amyl nitrite are not so full and explicit as they should be in a "complete treatise."

Although we have freely pointed out the faults of this very incomplete work, we believe the readers of "Wood's Library" will find it really one of the best of this year's series. They will certainly receive full value for the money invested, which, we presume, is all they could ask for.

A PRACTICAL TREATISE ON TUMORS OF THE MAMMARY GLAND: embracing their Histology, Pathology, Diagnosis and Treatment. By Samuel W. Gross, A. M., M. D., Surgeon to, and Lecturer on Clinical Surgery in, the Jefferson Medical College Hospital and the Philadelphia Hospital, Etc. 8vo. pp. 246, illustrated by 29 engravings. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1880. St. Louis: Book & News Co. Cloth, \$2 50.

Dr. Gross has produced a work of real and permanent value; it is not over-stating the truth to say that this little volume is probably the best contribution to medical science which the present year has brought forth. We believe that the author has done what he has set out to do, viz: constructed a systematic and strictly accurate treatise on mammary tumors, and brought to his task all the light afforded by the most recent investigations into their pathology. He has examined the entire subject anew, and as a basis for his work has carefully analyzed sixty-five cases of cysts and nine hundred and two neoplasms, the nature of which has been confirmed by the microscope—more than one-seventh of which are original.

The work is divided into thirteen chapters, the first being devoted to the classification and relative frequency of tumors of the mamma. In his classification, he divides them in accordance with their origin from the lacteal glands or the periglandular connective tissue of which they are composed, making a separate group of cysts, as they originate in a different way. As to their frequency, he states that about 83.20 per cent. are carcinomatous, and 16.79 per cent. are not. Of course this is simply an approximation.

The second chapter relates to the evolution and transformation of mammary neoplasms. He regards the lacteal glands as the starting-point of adenoma and carcinoma, and the connective as the matricular tissue of the histoid or simple neoplasms. It appears that a simple neoplasm may

change its type after a series of years and degenerate into one of a malignant nature.

In the third chapter he avows his disbelief in the constitutional derivation of carcinoma. He regards inheritance as merely the expression of the transmission of a predisposition to a local disease. Special attention is directed to the occurrence of eczema and psoriasis of the nipple as precursors of carcinoma. This chapter on etiology is judicial in its fairness and exceedingly valuable.

The following chapter is devoted to the anatomy of the connective tissue neoplasms, and is beautifully illustrated. Chapters V to X, inclusive, are occupied with descriptions of Fibroma, Sarcoma, Myxoma, Adenoma, Carcinoma and Cysts, including their anatomy, varieties, metamorphoses, etiology, clinical history, prognosis and diagnosis.

Chapter XI, on the diagnosis of tumors of the mammary gland is one of the most important contributions to surgical diagnosis that we have met with in years. It will be welcomed by every physician as a most valuable aid in those perplexing cases of doubtful and suspicious growths in this region which cause him such great anxiety. The directions for making the differential diagnosis are clear, simple and positive. This chapter alone is worth many times the price of the volume.

The twelfth chapter, on the treatment of tumors of the mammary gland, is second in importance only to the eleventh. He has no faith in such growths disappearing after marriage, during pregnancy or at the menopause. Local applications, compression, inunctions, etc., are not to be depended upon. The knife is the remedy from which we are to expect most. That extirpation, repeated again and again, if necessary, offers much hope to the victim of mammary tumors, is well illustrated by the fact that in a case of a small spindle-celled sarcoma, Gross succeeded, after removing fifty-two tumors, by twenty-three distinct operations,

the last four of which included portions of the pectoral and intercostal muscles, in a period of four years and a half, in checking the reproductions, and the patient was perfectly well nearly eleven years subsequently. Gay had added nine years to his patient's life at the date of the last report, while Heath and Haward have had similar cases. The cutting must be done with a bold hand, and great vigilance must be exercised in removing recurrent growths. He states it strongly, that if the local trouble can be gotten rid of before it has contaminated the adjacent and distant structures, there is no reason why the remedy should not prove as final as it is for the non-carcinomatous neoplasms. One great object of his work is to show that carcinoma may be permanently relieved by thorough operations practiced in the early stage of its evolution, and we believe he has sustained his point.

The last chapter, on tumors of the male mammary gland, is of value only as making the work complete.

In conclusion, we give the book our most hearty commendation and hope it will be read by every physician as well as every surgeon in the land.

SCIENCE AND THE HEALING ART, or a New Book on Old Facts. By John Custis Darby, M. D., Mt. Sterling, Ky. 8vo. pp. 403. Cloth, \$3. Louisville, Ky.: John P. Morton and Company. From the Author.

This book has been written by a western author and published by one of the most eminent of western book houses. The style is mostly excellent. The author has adopted that of Addison and Steele, and no higher praise can be bestowed upon it than that given by this simple statement.

The author states in a brief preface that the greater part of his book was written over six years ago, and that he has not been able to see to read or write for over eighteen years. The critic bows himself before the perseverance, the energy and courage which could overcome all the obstacles thus hinted at, and declines to point out those faults which, in another work, might be fair targets for his arrows.

Dr. Darby set forth the arguments in

favor of the persistence of the somatic elements through life, several years since (1878), but recently enumerated by Dr. J. S. Woodside, in the *Journal of Nervous and Mental Disease*, without credit to the former. It may be of no special importance to note this, but whatever credit attaches to this theory certainly belongs to Dr. Darby.

The author's theories respecting the processes of digestion, the functions of the liver and the ultimate destination of the bile are very remarkable and ought to insure a large sale for his book.

THE STUDENT'S DOSE-BOOK AND ANATOMIST, COMBINED. By C. Henri Leonard, A. M., M. D., Prof. of Med. and Surg. Dis. of Woman and Clin. Gynecology, Mich. College of Medicine, Etc. Part I. *The Multrum in Parvo* Reference and Dose Book; Part II. *The Vest-Pocket Anatomist.* Cloth, \$1 00. Detroit: Leonard's Illustrated Medical Journal. 1880. From the Author.

The immense sales of these aids to the memory have enabled the author to revise them frequently and to bring them as near perfection as possible. There is a demand for such compends—there is no disputing it—unfortunate as we must consider the fact. They have their legitimate place, as simple aids to the memory, not as substitutes for more elaborate works. In their proper sphere, as above indicated, we consider these the best of their class.

ATLAS OF SKIN DISEASES. By Louis A. Duhring, M. D., Prof. of Skin Diseases in the Hospital of the University of Pennsylvania, Etc. Part VII: Eczema (pus-tulosum); Impetigo Contagiosa; Syphil-oderma (papulosum); Lupus Vulgaris. Philadelphia: J. B. Lippincott & Co. 1880. St. Louis: Book & News Co. \$2 50 per part.

These plates are beyond all praise. In accuracy, beauty and artistic character they have never had an equal in this country. It should be kept in mind that the series is nearly complete and that only a limited number of copies will be placed upon the market after the advance-paying subscribers are supplied.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, NOV., 1880.

NO. 8.

Original Lectures.

PROLAPSE OF THE OVARIES— PELVIC HÆMATOCELE.

A Clinical Lecture by Wm. Goodell, M. D.

[Reported Specially for the Clinical Record.]

PROLAPSE OF THE OVARIES.

The ovary is a follicular gland, and its normal size and shape is about that of an almond. These ovaries are congested at every menstrual period. It may very properly be said that a woman is a woman because she has ovaries, and not because she has a womb. Many diseases of the womb can be traced to the ovaries. The symptoms of a prolapse of one or both of the ovaries are somewhat as follows: the woman has pain in the region of the womb and tenderness in the groins. The physician will notice a small round tumor in her vagina which gives rise to a most sickening sensation when pressed. These tumors may vary in size, all the way from the normal size of the ovary to that of a large apple. When a prolapsed ovary is of very great size, there has usually been some cystic degeneration.

This accident (prolapse) is the opprobrium of gynecologists. Thus far no positive and permanent cure has been discovered. Floating about, as the ovaries do, in the atmosphere of the abdomen, the only wonder is that they do not prolapse more frequently. The abdomen, however, is so tightly packed with the viscera, that dislo-

cations of the organs contained in it are quite rare.

The treatment of prolapsed ovaries is, as I have just remarked, often exceedingly difficult. The worst features of the condition are generally the mental symptoms. We may put our patient in bed and subject her to a routine treatment by massage and galvanism. Ovarian troubles very often depend upon some defect of nutrition, the best remedy for which is that set forth in Dr. S. Weir Mitchell's book on "Fat and Blood, and How to Make Them." I have obtained the most remarkable cures by the continued employment of the different items of this treatment. In this case there is no cystic degeneration; the ovaries have simply become congested and fallen behind the womb and into Douglas' pouch by their own weight. There is another cause of inflammation of the ovaries in which treatment is hopeless. Such is the case where ovaritis has been brought on by gonorrhœal poison. This infection runs through the mucous membrane of the vagina and womb, and finding its way out through the Fallopian tubes, brings on peritonitis, ovaritis, or pelvic cellulitis. A woman suffering from ovaritis may be permanently sterile. This is only the case, of course, where both ovaries are diseased. If one ovary escapes, the woman may become pregnant, and so obtain a rest for a space of nine months, during which time the other ovary may be able to regain its health.

What is to be done in this case? As far as medicines are concerned, I shall order the patient ten grains of the muriate of

ammonia, with one-twelfth of a grain of the bichloride of mercury, thrice daily. The muriate of ammonia may also be given with the *mistura glycyrrhizæ composita*. The antimony and paragoric in it are also very excellent remedies. I sometimes give small doses of tincture of aconite, two to five drops at a time. In this case the patient has been very much relieved by the use of pessaries (pessaries generally give great pain). Indeed, I think the patient has escaped very easily. The bend of the retroflexed womb has acted as a prop and prevented this organ from squeezing the prolapsed ovaries.

What is to be said as to the performance of ovariectomy for the relief of this prolapse? The operation would be easy, owing to the position of the ovaries, but the small amount of pain and the general good condition of the patient, thus far, render ovariectomy entirely unnecessary. The hard-rubber pessary which I have used has acted as a shelf to hold them up. An examination in this case shows me that the cervix is slightly lacerated, and that there is a slight erosion of the mucous membrane; the fundus of the womb, too, is very tender. I will treat these conditions by an application of carbolic acid.

HEMATOMA IN DOUGLAS' POUCH.

This woman is forty-two years old and married. She has had no children and has suffered from a great deal of dysmenorrhœa at each monthly period. Now what do these things suggest? A flexion of the neck of the womb, of course. She tells me that she has been suffering in this way ever since she was seventeen years old. Early in her eighteenth year she consulted a physician for her dysmenorrhœa, and he did something to enlarge her cervical canal. The operation greatly relieved her. She says, by the way, that she menstruates every three weeks. Just about three weeks ago she had, one day, a violent pain across her stomach. Soon after this there was a strong desire to defecate, which could not

be satisfied. Since that time she has had constant pain and has always felt a tumor internally. She came to me as a case of tumor of the womb. I am inclined, at first sight and without questioning the woman, to doubt that statement, and rather consider the case one of pelvic cellulitis or pelvic peritonitis. The text books say that these are two distinct diseases, but I am led to think them, if not one and the same disease, at least very hard to separate. The cellulitis is very likely to, in fact, always does, involve the neighboring folds of the peritoneum. From what the woman tells me, I am inclined to put my first suspicions entirely out of the question and say that I believe the patient has had a hemorrhage into Douglas' pouch; that immediately after the hemorrhage the pouch bulged and so gave rise to the desire to defecate. She was sick a day or two after this pain, and the flow was very abundant. I can feel the tumor on the right side, and can move it slightly. Let me make a rectal and vaginal examination. First, let me pass my finger into her vagina. I feel two tumors, one behind and one before. The tumor in front is not painful. The diagnosis is puzzling. I think the tumor in front is the womb. I can very easily determine this point by passing a sound. Yes, my sound passes in and shows the womb to be of normal size. But how about the other tumor. What is that? I can move it much more than I could were it cellulitis. Undoubtedly there has been an effusion of blood into Douglas' pouch, which effusion has produced a slight pelvic peritonitis. When blood is effused into and confined by a shut cavity, the peritonitis or septicæmia is never so universal as it otherwise would be. By passing my finger into the rectum, I am able still more clearly to fix the seat of the tumor, and at the same time note the fact that the rectum is greatly flattened. It requires some force to pass my finger through the flattened portion; now I have done so, and I find the tumor filling the

position of the pouch, hard and immovable. We know that Douglas' pouch is lower on the left than on the right. In exact accordance with this fact I find that the tumor is lower on the left than on the right side. Pelvic hæmatocele is sometimes exceedingly serious. What is the cause of it? At the same time of the monthlies the Graafian follicle may burst before the fimbriated extremity of the Fallopian tube is in relation to receive it, and so blood escapes into the abdomen and gravitates into the pouch. Or there may have been a retention of fluid at the monthlies which was forced from the womb into the Fallopian tube, and so out into Douglas' pouch. Sometimes, you know, extra-uterine foetation occurs; in fact, there may be hemorrhage into Douglas' pouch from many causes. I believe that hæmatoma in Douglas' pouch occurs frequently without our knowledge.

How are we to treat this pelvic hæmatocele? It may happen, as I have just said, at a monthly period, and is attended with pain and collapse. Of course, we must make a vaginal or rectal examination as soon as we see the case. We find, perhaps, an obscure fluctuation in Douglas' pouch; the blood is lying loose there, and has not yet, it may be, entirely congealed. The patient must be kept absolutely quiet, and astringent drinks, such as sulphuric acid, lemonade, etc., administered. Opium enough should be given to lull the pain and keep the patient thoroughly quiet. For a number of hours following the attack, very slight nourishment should be given. Stimulants should be refrained from, and the patient kept as low as possible until all immediate danger from peritonitis has passed away. If the woman is married, her vagina should be packed with ice; if a virgin, the ice had better be placed outside.

EDOUARD SEGUIN, M. D., author of a treatise on the treatment of idiocy and of a work on medical thermometry, died in New York on Oct. 28, aged sixty-nine years.

Original Communications.

THE KINDERGARTEN FROM A PHYSIOLOGICAL POINT OF VIEW.

BY WILLIAM B. HAZARD, M. D.

The problem: How are children to be educated most thoroughly, most systematically, most economically, at the same time taking account of the utility of the education acquired and the shortness of the available time, should engage the attention of every physician. This is true, not only in the interests of society, but of the individual also. In order that the training of the child should result in the highest good of the future adult himself and for the state, the cerebral nervous apparatus should not receive all the attention of the educator; the spinal and lower intra-cranial ganglia must secure their fair share of stimuli.

Speaking, reading and writing may be acquired without any special attention being devoted to the lower nervous structures, but these alone do not fit the child best for the duties of adult life. All the arts and sciences require that the muscular actions should be properly coördinated, that the eye should be capable of discriminating forms and colors, that habits of order and system should become automatic, and that the attention should be capable of the utmost concentration without too much voluntary effort. The more all these acts become matters of habit—machine-like—the less the wear and tear of nervous material, the less the waste of energy. The earlier in life this training of the "secondary automatic centers" is begun, the easier becomes the task of education. The more the efforts of the educator are concentrated upon the lower ganglia, the less is the danger of overtaxing the more delicately organized cerebral hemispheres. The more thorough and systematic is the education of the

former, the easier and more rapid will education of the latter be accomplished.

We believe the foregoing propositions are so self-evidently true as to require no set argument for their substantiation. For this reason we shall refer only to Maudsley and Herbert Spencer as authorities. The recent work of Bastian's* bears witness to facts having the same bearing.

A visit to the St. Louis Kindergartens, which are probably the best in the world, will convince any unprejudiced observer that nowhere else will be found combined the essentials of the first education a child should receive after it leaves its mother's arms. They are in no regard to be compared with the "Minders" establishments, so graphically described by Dickens—popular and ignorant prejudice to the contrary notwithstanding.

One of the first lessons learned on entering a kindergarten is to keep everything in order; next is discipline of bodily movements; then proper respect (with affection) for "the powers that be." These lessons, well taught, are sufficient reasons for encouraging and supporting these most primary of primary schools. It is often said that the home training of every child should effect everything possible in these directions; but all are cognizant of the fact that these very essentials are utterly neglected in the home life of the vast majority of children. To these defects of home training we may attribute a large percentage of crime, vagrancy and ill-success in life, to say nothing of disease both of mind and body. It is worth expending large sums to endeavor to obviate, so far as possible, the necessity of increasing the limits of our prisons, hospitals and almshouses.

Training the "color sense," the hand in drawing, moulding in clay, and in the construction of mathematical designs, comes next in the order of instruction. This process is preliminary to the rapid acquisition of writing and all of the artistic and me-

chanical arts and trades. The time thus saved to the future artisan is of incalculable value to him. What, at the age of five or seven years, is learned as incidental to the child's play, would, later in life, require the expenditure of much time (which then has a money value) and would be an irksome labor.

The first rudiments of mathematics are taught by means of blocks and designs, so that much time and labor is saved for the pupil when he reaches even the lowest class of the ordinary school.

All these properly educational exercises are interspersed at frequent intervals with what have every appearance of being recreations only, consisting of songs, dances, games and imitations of mechanical pursuits. These "amusements" have their uses also in the child's education. A hint at natural history is given which is sure to encourage the child to inquire into the habits of beasts and birds, an ideal of the different trades is formed that frees them from all that might be repulsive; and habits of good breeding and politeness are encouraged which are frequently wanting in the home life of the little ones. All these have their physiological value, as has every *habit* that is formed. Habits of self-reliance are formed that will have a bearing upon the entire after life of the child who learns them.

For these reasons, and many more could be given from other points of view, we are heartily in favor of the kindergarten. We wish more of the opponents of these invaluable schools could be induced to examine them; we are very sure that opposition would give place to earnest advocacy.

St. Louis, 5 High street.

HEART DISEASE AND PREGNANCY.—Prof. Porter forbids marriage to a woman with cardiac disease. If she is married, he forbids pregnancy; if pregnant, he forbids suckling. If pregnancy and heart disease coexist, nothing should be done until demanded by symptoms.—*Le Progrès Méd.*

*The Brain as an Organ of Mind.

Clinical Reports.

CASE OF ACUTE ALBUMINURIA.*

Uræmic Convulsions; Patient Six and a Half Months Pregnant; Induction of Premature Labor; Recovery.

BY J. C. HICKERSON, M. D.

I was called to see the wife of Mr. P., on the 10th day of November, 1879, at seven o'clock P. M., the attending and family physician, Dr. G. W. Broome, being absent. Her husband informed me that she was suffering with cramps. On my arrival at the house I found her suffering severely with epigastric distress and nausea, she having vomited several times before my arrival.

She informed me that she had suffered with headache and dizziness for one week previously. Her bowels were very much constipated, urinary secretion scanty, her mind somewhat confused. Soon after my arrival she vomited freely, an acid, dark-looking matter, resembling disorganized blood. Desiring to relieve the epigastric distress and nausea, I administered a mixture of bicarbonate of soda, chloroform and morphia, in aqua camphoræ. After unloading the bowels by warm stimulating enemata, I administered, an enema of chloral and bromide potassium, fifty grains of the latter and forty of the former. I applied warm fomentations over the region of the stomach. This gave no relief. Pains still continuing, I deemed it prudent and best to institute a per vaginam examination to ascertain if she was threatened with premature labor. There was no indication whatever, of commencing labor. I now administered one-fourth grain morphiæ sulph. hypodermically, which gave ease and she fell asleep. On inquiry, I learned

she had eaten nothing that day likely to derange the digestive system; that lately her appetite had been poor and capricious. Her symptoms resembled very much those of acute indigestion, but taken in connection with other symptoms, the headache, the dizziness, the cedematous condition of the face and hands, and the anasarcoous condition of the legs, I regarded the symptoms as strongly premonitory of uræmic eclampsia, and felt it my duty to inform the husband of my opinion of the nature and gravity of her case.

As might be expected, he was anxious and alarmed for her safety, as his first wife had died with puerperal convulsions during parturition a few years before, she being a relative of the present wife. I then requested him to procure some of her urine for a chemical test, and if the attending physician, Dr. Broome, returned in the morning, he would meet me at my office, where we would test the urine, discuss the case, and place the patient under the most favorable circumstances and treatment, to relieve the albuminuria, if present, and prevent, if possible, threatened convulsions. I then left the patient comfortable and resting well.

At five o'clock A. M. the next morning (Nov. 11th) I was summoned in great haste by the husband, who informed me that his wife had just had a spasm. When I reached the house I found the patient in a soporose condition and breathing stertorously, manifesting all the symptoms of having had a convulsion. Soon she had a very severe one. As soon as the effects of the convulsion had somewhat abated I administered twenty drops Norwood's tincture of veratrum viride and gave an enema of chloral hydrate, grs. 1, potass. bromide, grs. 1x. At six o'clock she had another convulsion. Not wishing to assume entire responsibility of the case, I requested that my friend, Dr. J. T. Cox, be summoned in consultation. He came and fully agreed with me as to the treatment to be pursued.

* Read before the Moberly District Medical Association.

He advised continuance of *veratrum viride* in increased doses. We gave immediately twenty-five drops and repeated in half an hour. We also continued the mixture I had prescribed on my arrival:

R Potass. acetatis..... 3iij;
Tinct. digital. (German).... 3i;
Aque puræ..... 3vi.
M. Sig. Tablespoonful every three hours.

The patient was twenty-one years of age, of spare build, delicate and anæmic, of a diathesis bordering on strumous, now pregnant six and one-half months with her first child; her face and hands were puffy and œdematous, skin dry, legs anasarctous, and for the last two days the swelling was very rapid. The day before she was taken sick there was one scanty urinary action. The headache was constant and had continued for six days, with dizziness, especially on rising from a recumbent posture. At seven o'clock A. M. the patient had another convulsion, at half-past seven another; gave twenty-five drops of *veratrum viride* and repeated in one-half hour. At eight o'clock she had another convulsion. In consultation with my friend, Dr. Cox, we both agreed that it would not do to temporize with the case. The object of our treatment was, if possible, to restore the action of the kidneys and relieve the albuminuria, thereby controlling the convulsions; but our treatment seemed only palliative. We concurred in the propriety and necessity of inducing premature labor, as the best means of saving our patient's life.

At eight o'clock we drew off six ounces of bloody urine, specific gravity 1013, acid, and which, upon being submitted to heat and nitric acid, presented, in the test tube, one solid coagulum. It was highly albuminous, containing probably ninety per cent. of albumen. We proceeded to induce premature labor by dilating the os uteri, which was perfectly closed and rigid, with the finger. As soon as it would admit the point of the finger, we introduced a flexible gum bougie, up to the fundus of

the uterus, between its walls and the membranes. In about one hour and a half it seemed to produce some spasmodic contractions of the uterus, but no true labor pains. We then removed the bougie and continued the dilatation with the fingers. As soon as this was sufficient we introduced Barnes' bags or dilators for the purpose of hastening dilatation and stimulating labor pains.

We continued the administration of the *veratrum viride* through the day in twenty-five drop doses, at intervals of a half to one hour, according to the severity of the paroxysms, which it seemed to mitigate, lessening their intensity and prolonging the intervals between the attacks; but it did not control them, even when assisted by enemata of chloral and bromide potass. At nine, ten, and at ten thirty, A. M., twelve M., one, two thirty and five o'clock P. M., she had convulsions; eleven in all through the day. At twelve M. we had succeeded in dilating the os to the size of a silver half dollar and ruptured the membranes in hope of stimulating labor pains and promoting delivery, but there was no uterine action. We continued the use of dilators. At two thirty P. M. there were some few slight labor pains, the os more dilated and dilatable, when we administered ergot, but could not induce labor pains sufficient for the expulsion of the fœtus, and deeming it hazardous to wait, and knowing full well that every convulsion increased the danger, and damage to the nervous system from so great a waste of tissue, which might lead to exhaustion, we determined, at five P. M., to deliver the lady as speedily as possible. The vertex being above the superior strait, which we could feel through the partly dilated os uteri, and deeming it inadmissible to use the forceps on account of the extreme smallness of the vulva, thereby complicating the case and increasing the puerperal dangers, and feeling satisfied of the death of the fœtus, we decided to deliver in a

manner easier for us and safer for the mother. With this view we perforated the cranium of the fœtus at the posterior fontanel, the perforator being well guarded with linen to within half an inch of its point, thus protecting the soft parts of the mother from injury. Making a blunt hook of the finger, we proceeded to deliver with gentle traction, which stimulated the pains, the *vis a frontæ* arousing the *vis a tergo*. The os yielded in a short time and the patient was delivered by six and a half P. M. The fœtus gave evidence of having been dead several days. By the method of Credé, the placenta came away in a short time. There was no hemorrhage, and the womb contracted well. The patient had no more convulsions, but remained in a semi-comatose condition. In an hour or two after delivery she was somewhat restless and uneasy, and we administered an anodyne, which procured rest and ease. She continued to rest, although in a comatose condition, until five o'clock the next morning, the 12th, at which time her family physician, Dr. Broome, had returned.

We were now summoned, and Dr. Broome was added to the list in consultation. Our patient's condition was critical in the extreme. The swollen condition of the tongue, which had been severely bitten in the first paroxysms, the œdema of the throat from infiltration of the tissues around the glottis, the congestion of the lungs in consequence of the convulsions, the bronchi loaded with mucus, producing a sound not unlike the death rattle, the cyanotic and swollen appearance of the face, with total unconsciousness, conspired to alarm and render us extremely solicitous for the welfare of our patient. We did not know how soon tracheotomy might become necessary to relieve our patient from threatened suffocation. Her pulse was 140, respiration 40, temperature $101\frac{7}{8}^{\circ}$. We drew off her urine, about one-half pint, which, upon being submitted to the tests of heat and nitric

acid, gave the albuminous reaction in a high degree.

We marked out our course of treatment, in which we all concurred, viz: a stimulating and supporting treatment; local measures for throat and tongue; respiratory and cardiac stimulants and tonics. We prescribed brom. ammon. and quinine, to be administered with nutrient enemata. Continued the potass. acetate and digitalis; and used local washes of carbolic acid, glycerine and water; sodæ borat, mel et aqua for the mouth and throat, every half hour, with mop and probang to keep the throat as clear of mucus as possible, and prevent suffocation. This treatment we pursued without any vascillation.

We tested the urine from day to day, and with satisfaction saw the gradual disappearance of the albumen, and with its disappearance an improvement in the patient. The headache continued as long as the urine contained albumen. We continued our treatment through the day and night of the 12th, a physician being present all the time to superintend the administration of the medicine and watch its effects. This was her worst night. She was restless and uneasy. Dr. Cox was with her. It was necessary for him to administer several anodynes in order to obtain rest. I took his place at one o'clock on the morning of the 13th. The latter part of the night she rested well, having slept four or five hours. She had several involuntary actions, from the bowels and urinary organs, and now, through the dark veil of uncertainty, I could see a few bright rays of the light of hope. Her breathing was getting better, the œdema gradually subsiding, the cyanosis passing away, her complexion healthier. She would cough occasionally and dislodge the mucus. The kidneys were secreting freely.

On the morning of the 13th, she opened her eyes for the first time since her confinement, and looked around with a vacant and confused stare. In the evening she seemed

to recognize acquaintances, and would answer some questions in monosyllables. She had lost the power of phonation, which continued for three weeks. The pulse, in the morning, 120, temperature $101\frac{1}{2}^{\circ}$, respirations 30. In the evening, pulse 108, temperature 101° , respirations 22. She coughs and clears the throat and dislodges mucus. Mind still confused. Her breathing much improved, not stertorous. Continued treatment of digitalis, five to eight drops every three or four hours; through the night rested comparatively well.

November 14, temperature $100\frac{1}{2}^{\circ}$, pulse 100. Continue treatment and give liquid nourishment throughout the day. Oedema rapidly disappearing; kidneys acting freely; more rational; talks some to her intimate friends; did not know of her delivery until informed. Nov. 15th, temperature $99\frac{1}{2}^{\circ}$, pulse 90, soft, more volume. She passes urine freely; move bowels by enema; takes sufficient nourishment and swallows well. Give quinine, two grains, every three hours, and give digitalis occasionally. In the evening she has headache; urine still albuminous. Give bromide of potassium and chloral at night to procure rest. Nov. 16th, temperature 98° , pulse 84. Continue quinine and digitalis with nourishment; her breasts filling, the swelling all gone from her limbs, oedema from face. Tongue improving. Still complains of headache. She takes sufficient nourishment. The effects of the albuminuria and convulsions rapidly disappearing. Her condition now could be regarded as that of any ordinary puerperal case. Breasts giving some trouble.

Nov. 17th, her breasts hot, tense and painful; pulse 114, temperature $102\frac{1}{2}^{\circ}$; headache, pain in the back. At no time did her temperature rise to $102\frac{1}{2}^{\circ}$ until the accession of the milk. There was no pain, tenderness or tympanitis in the bowels. For the fever, prescribed spiritus ammoniæ acetat. spiritus æther. nitrosi and tincture of

aconite, under which it abated in eight or ten hours.

Nov. 18th. After a good night's rest the patient has less headache. The pain in the back is relieved, pulse 90, temperature 100° ; urine still shows albumen, specific gravity 1020, neutral; the tension of breasts relieved. Her condition altogether more comfortable and favorable. The vesicular murmur clear and distinct over both lungs.

Nov. 19th. The patient rested well last night. She is comfortable this morning. Pulse 90, temperature 98° ; head clear, no pain in region of kidneys, has appetite, passes urine freely. Urine about clear of albumen. We now pronounced our patient convalescent, and, under the influence of ferruginous tonics and good nourishment, she made an excellent recovery.

Throughout the whole case there was not a bad puerperal symptom developed. The urgent symptoms which called for treatment were the effects of the convulsions. Thus we observed the happy termination of a desperate case.

During my professional career, only four cases of puerperal eclampsia have come under my supervision, and as they all recovered, perhaps it would not be amiss if I give my treatment in each case:

Case I, a primipara, in labor with twins; had four convulsions. Treatment, venesection and chloroform, with delivery as soon as possible. No convulsions after delivery, but puerperal mania for ten days or two weeks after. Ultimately made a good recovery. The last child born, three hours after, had four convulsions, the same number as the mother, and died. The other lived and did well.

Case II, multipara, with twins, post partum convulsions twenty-four hours after delivery; suppression of lochia. Treatment, venesection and calomel purge. Recovered; had two convulsions.

Case III. Called in consultation. Had seventeen convulsions from two to six P. M.

Gave chloroform freely, but convulsions continued every fifteen or twenty minutes. Delivered as soon as possible. Three convulsions after. Bled freely, gave sedative enemata. Puerperal mania followed, but ultimately made a good recovery.

In the present case we did not bleed or give chloroform. No one would have thought bleeding indicated in her anæmic condition. She had no blood to lose. It was a case demanding all that was conservative in medicine, and the satisfactory results of treatment give good cause for self-congratulation to the parties interested.

MOBERLY, Mo., 1880.

DISPENSARY OF THE ST. LOUIS
COLLEGE OF PHYSICIANS
AND SURGEONS.

Surg. Clinic of Prof. Louis Baner, M. D.

REPORTED BY JOS. L. BAUER, M. D.

ANEURISM OF THE COMMON CAROTID ARTERIES
OR CYSTIC TUMORS ON BOTH SIDES OF THE
THYROID GLAND(?).

The patient before us is engaged in a healthful business pursuit, approaching two score years, and up to a recent period he has enjoyed good health and descends from a family not notable for any morbid diathesis. About three months ago he suffered from an attack of malarial fever which reduced him in flesh and strength. Quinine and arsenic did not relieve him completely; a trip to the East effected his recovery and he returned with new vigor to his avocation. Without any apparent cause, as it were, during the night and suddenly, two tumors sprung up, one on either side of the trachea, about which he promptly consulted me.

As you perceive, the tumors have a diagonal direction, corresponding with the seat of the two lobes of the thyroid body; they constitute soft, elastic swellings with even surfaces. As yet the patient has experienced no inconvenience, nor does pressure cause him any pain. The tumors do

not communicate with one another, but when pressed separately they seem to lessen in size. In placing the finger gently over either of them, pulsation is felt in all parts, and the stethoscope clearly reveals the characteristic *bruit de souffle*. When the patient swallows, the tumors do not follow the movements of the trachea to the same extent as would the thyroid gland. Compression of the common carotids does not sufficiently lessen the contents of those tumors to establish clearly their connection with the arterial lumina, but we ought to bear in mind that it is almost impossible to make sufficient compression for it to be considered a fair test.

There are several points in the case indicative of aneurism: first, the sudden origin; second, the pulsation; third, the characteristic *bruit*. On the other hand, the double formation; the diagonal position and the partial movements of the swellings with the trachea, contest such a diagnosis. We shall, therefore, defer a positive opinion and keep the patient under observation, and in due time present him again for your observation.

CIRCUMSCRIBED PERIOSTITIS AT BOTH TUBEROSITIES OF THE TIBIÆ WITH HYPEROSTOSIS,
AND BURSITIS OF THE LIGAMENTUM PATELLÆ.

The patient is a lad of fourteen years, descending from good stock, free from constitutional taint. On climbing a fence, he supported himself on his knees in such a way as to bring both affected localities in contact with a sharp edge. Since, has experienced pain on pressure. Immediately over each tibial tuberosity a round bony enlargement has formed which simulates the segment of a small walnut. Right and left of each ligamentum patellæ, fluctuation can be clearly discerned, but the liquid is obviously encysted and cannot be pressed into the respective knee joints. The diagnosis is clear, in this very rare and interesting case. So is its causation from traumatism.

The prognosis is promising, for two reasons: First, the affection has been gradually diminishing and is on the eve of entire arrest; second, we possess means of combating the trouble.

Of necessity, we shall divide the periosteum subcutaneously over the affected portions of bone, and at the same time puncture the bursal sacs. The enlargement of the bones will be ignored, since it does not interfere with locomotion.

MALPOSITION, ATTENUATION AND SHORTENING OF THE LEFT LOWER EXTREMITY, SAID TO BE DUE TO COXALGIA—LATERAL CURVATURE OF THE SPINE.

This young girl, aged fourteen years, has just commenced to menstruate, and presents all the appearances of rugged health. Every member of her family enjoys unexceptionable health, to the exclusion of any trouble compromising the locomotive apparatus. Her case is rather a strange and exceptional one. About five years ago she exhibited, for the first time, a limping gait, and this has grown upon her ever since. She does not remember of having ever met with an accident; has experienced no pain, nor any interference with her general health, she has grown and developed into womanhood in advance of age, but her deformity has grown with her and locomotion is very very defective.

In comparing the lower extremities, you cannot fail to notice: First, the reduced circumference of the left limb and loss of contours, evidently from the waste of muscular structure and adipose tissue. Second, disparity of two inches in length when compared with its fellow. This difference arises from two causes, namely, the arrest of growth and development, and next, from malposition. Third, the malposition consists in abnormal adduction and flexion. Some of the adductors and the tensor vaginæ femoris are so much shortened and contracted as to be unyielding, even under the full influence of chloroform; the toes are inverted. Fourth, the pelvis is elevated

on the affected side and forces the spine into a serpentine deformity; the lumbar portion being deflected to the right and the thoracic portion to the left, with a corresponding elevation and depression of ribs. Fifth, the normal contours of the hip joint are changed by muscular attenuation. Sixth, there is nothing abnormal in the position and movements of the femur, unless its excursions provoke resistance in the contracted muscles. Seventh, there is no tenderness at or about the joint, on pressure or motion, nor has there been any since the trouble commenced.

There is one exceptional feature in this case. The same malposition of the limb will always produce the same malposition of the pelvis and spine as exhibited, but in the present case the malposition of the spine and the distortion of the thorax have become *permanent*, and that is the exception. In all such cases which have come under my observation, these malpositions of pelvis, spine and thorax have only been noticeable in the erect posture, while, if the patient sits or lies, they disappear completely. In fact, the spine accommodates itself temporarily to the displacement of the center of gravity and returns immediately to its normal vertical posture, when the position of the pelvis is changed, as in sitting or in recumbency. These changes are so frequent that no permanent deviation of the spine can arise, but here we have an exception which can have been produced only by exceptional causes to be sought for in the habits of the patient.

What has given rise to the contraction of these muscles we do not know. There is no reason to suppose an affection of the spinal cord, for innervation is perfect otherwise; nor is there any reason to suppose that the patient has suffered from coxalgia, of which there is or has been no symptom; although we must own, that the muscles contracted are the very same that are implicated in hip-joint disease. The attenuation and arrest of growth

and development likewise correspond with that disease.

You remember that periostitis in the neighborhood of the hip joint gives rise to the same malposition, but there is no evidence that such a lesion has prevailed, for the femur is more reduced in circumference than otherwise, there are no funnel-shaped cicatrices, indicative of suppurative periostitis, we have, therefore, to exclude this disease from further consideration. The etiology is absolutely barren.

This young girl has been under the treatment of good practitioners; she has been kept in the recumbent posture and under extension by weight and pulley, for months, she has swallowed her due quantity of so-called anti-scrofulous remedies, the quacks have tried their skill in vain, and yet it is almost incomprehensible that the case should have been left unimproved, and should have been allowed to grow into a bodily distortion, when the means of relief were so obvious.

We shall divide all the contracted muscles and reduce the limb, not only to its proper position and secure freedom of movement, but we shall thereby improve the circulation, nutrition, growth and development of the extremity. We entertain, however, serious doubts whether these results will redress the deformity of the spine and thorax. We shall then try such mechanical means as this condition suggests. The operation will be made on another day, and you will then have the opportunity of studying its effects.

Translations.

(Translated for the Clinical Record.)

ÆSTHESIOGENS AND THE VIBRATORY THEORY.—Dr Romain Vigouroux (*Progrès Médical*, Sept. 4, 1880) again takes up the vexed question of the influence of metals and other substances in certain nervous affections (metalloscopy, metallo-

therapy, Burqism), and makes special mention of two recent communications to the Therapeutic Society of Paris upon the subject. Dr. V.'s article is quite extensive, and we have space for a brief abstract only.

In the first paper referred to, Dujardin-Beaumetz reports some exceedingly curious experiments made by his pupil, M. Jourdanis, on the action of pieces of wood—*xylotherapy*. It was found that certain species of wood (N. B. not all kinds) acted upon the cutaneous sensibility in the same manner as metals. Now, one of the principal objections to the objective reality of the phenomena of metalloscopy has been the possibility of producing them by applying a simple disc of wood—a substance believed to be inert. This anomaly is now explained in the most satisfactory manner. The generic term, *æsthesiogen*, employed by Dujardin-Beaumetz in his paper, was first used by Dr. P. Richer, in 1879. The etymology of the word and the propriety of its application are obvious.

What was remarkable about the application of metals was, on the one hand, the tenuity of the physical force set in action, and on the other, the constancy and the intensity of the physiological phenomena evoked. Researches at the Salpêtrière demonstrate that this force, as yet unnamed, resides not only in metals, as Burq had believed, but is manifested under a great number of circumstances; to cite the principle of these it is now known that the magnet, solenoids, dynamic and static electricity and sonorous vibrations produce with most certainty and clearness these phenomena first observed after metallic applications.

In 1875 Vulpian had made known the favorable and immediate action of faradization in hemianæsthesia following certain cerebral hemorrhages. Grassat published analogous facts. In 1869, Professor Maggiorane published an account of his observations on the employment of magnets in the treatment of neuroses; but there is no

question as to its direct and immediate action upon anæsthesia and some other affection. The correlative part, that of the pathological or physiological effects produced, has not received the slightest development.

The second paper is by M. N. Guéneau de Mussy, which gives an analysis of a recent memoir by Prof. Maggiorane, on the physical explanation of metallo-therapy. The eminent Roman professor is disposed to adopt the theory, or rather hypothesis, set forth by Prof. Schiff—that of molecular vibrations, transmitted by contiguity; those vibrations differing, according to the body producing them, in rhythm and amplitude, whence results different commotions (or disturbances) communicated to the nerves and, consequently, varieties of action of different metals or other agents employed. The experimental basis of this hypothesis is the fact that vibrations of a tuning fork act upon the sensibility and exactly in the same way as the metals. Dr. Vigouroux sets forth his own claims as the discoverer of this action of sonorous vibrations, and proves his claim to be a just one.

He gives a retrospect of his experiments with magnets (stationary and revolving) and tuning forks, and alludes to the fact that Professor Schiff witnessed them at the Salpêtrière, in Sept. 1878. But it would seem that that eminent gentleman's memory must be very untrustworthy, for a year later (Oct. 1879) he read a paper, published at Geneva in 1880, in which he said: "From theoretical considerations we are led to suppose that the vibrations of a tuning fork would produce the same effect as metallic applications," something that had been already verified in his presence more than a year before by Vigouroux!

The choice of the tuning fork was not made by accident, but was the result of a careful consideration of the phenomena of metallotherapy, which very naturally excited a suspicion of their being occasioned by physical vibrations. The results ob-

tained seemed to justify this hypothesis, but further experiments do not serve to make the matter any more clear.

At first the author thought it might be possible to determine the number of vibrations per second of the tuning fork, which would correspond to certain metals; that some simple relation (multiple, for example) might be found between the numbers representing certain metals; that sensibility to metals might be regulated by these relations, etc. But such speculations were soon cut short by the results of experiments. The same results were produced, whether the vibrations numbered thirty or six hundred per second. It is possible that these vibrations are of too gross an order, and he does not condemn the hypothesis as yet; observation of more subtle forms (such as those of light, for example) may give some certain results. Dr. Kerr's recent observations of the relations of polarized light with magnetism may serve as a basis for interesting physiological researches.

The author thinks nothing would be gained if it were proven that the phenomena were of a vibratory nature.

Thus far, the idea of vibrations offer us a means of comparison or of schematic representation, but not an explanation. Whether we speak of æsthesiogens or of the modifications which they work in the organism, it would be more convenient to represent to ourselves diverse phases of oscillation than chains of polarized molecules. After all, we come back to the same thing, and the sum total of our positive knowledge remains the same.

♦♦♦

CASTRATION FOR HYSTERIA. (*Union Méd. du Canada* from *Berlin Clin. Wochenschrift*) At the meeting of the Berlin Medical Society, held Jan. 14, 1880, Israel presented a young girl, aged twenty-three, who had been cured of a grave form of hysteria by Battey's operation, of which she still carried the scar. This patient had

suffered for several years from uncontrollable vomiting, accompanied by very painful ovarian neuralgia. Her weakness was extreme and anæmia had reached a very high degree. Almost all her physicians, and she had consulted several, had counseled this operation, and the young woman had, little by little, reached the conclusion that castration alone could remedy her sad condition. It was thus that she decided to submit to the operation, which was performed on January 31. This was done under chloroform and with all the precautions of the antiseptic method. During the first three days following, there was extreme sensitiveness of the lower abdomen. The patient could not rest a moment without the application of the ice-bladder. At the same time, there was retention of urine, which disappeared only after twelve days. At the end of a week her general condition was good, the vomiting had disappeared as well as the ovarian pain. The cure has remained perfect ever since.

"This, surely, is a good case of the cure of grave hysteria by the extirpation of the ovaries," says the author, "*if the operation had really been performed.*" Now, there was nothing of the sort, for the operation was, in fact, only a *mise en scène*, and the cicatrix which this patient carries is that from a slight cutaneous wound.

This remarkable case gave origin to an interesting discussion on the indications for castration (Battey's operation). According to Israel, the utmost prudence is necessary before deciding to perform this operation.

[Respectfully referred to Lawson Tait, M. A. Pallen, and others, who have gone mad on female castration.—ED. RECORD.]

PAPAÏNE.—(*Progrès Médical*, Aug. 28th, 1880) M. Bouchut gave his experience with papaine and other vegetable pepsins derived from the *Carica papaya* and *Ficus*, before the French Association for the Advancement of Science, at the meeting of

August 19, 1880. He presented several specimens of papaine, extracted from the paw paw, and of ficoïne from the fig tree. He showed that there was, in the milky juice of a great number of vegetables, liquids full of vegetable pepsin which could be isolated and employed in therapeutics. Papaine is very abundant, while ficaoïne is much less in quantity. In a solution of ten centigrams (1½ grs.) of papaine in thirty grams (1 oz.) of water, fifteen grams (4 dr.) of fibrin may be digested and converted into assimilable peptone. He concludes, from his experiments, that papaine may be employed in dyspepsia, or in chronic diseases of the digestive tract, as a substitute for animal pepsin, which is so often bad and worthless. Besides, M. Bouchut would make interstitial injections of papaine, with the hypodermic syringe, into cancerous, adenoid and myxomatous tumors, etc., in such a way as to destroy them *in situ* by causing them to imbibe the ferment. He will pursue his investigations.

M. Catillon doubted the ability of the vegetable ferments to digest coagulated albumen in a time sufficiently short to make them available in practice. This is really the practical test of their value and they had failed in his hands.

ERGOT IN PURPURA HÆMORRHAGICA AND APOPLEXY.—(*Gazette des Hôpitaux*, Sept. 4, 1880) M. Lasèque publishes the case of a man, fifty-five years of age, who was, without known cause, except, perhaps, a little alcoholism, affected for eight months with intense purpura hæmorrhagica. He often lost blood from the nose and ears, and had had two attacks of right hemiplegia. Perchloride of iron, administered persistently, had produced no good effect.

On August 13th, when he entered M. Lasèque's service, this man was more than ever the subject of the hæmorrhagic diathesis. Dr. Buermann, first clinical assistant, gave ergot in gram (15.4 grs.) doses daily. From this moment, improvement was rapid.

At the same time that movement returned to the paralyzed limbs, the petechiæ disappeared, and there was complete cessation of the nasal and auricular hemorrhages. The patient is now almost completely well.

DENTAL SYPHILIS.—The teeth quite frequently present an alteration in both form and quality which have been attributed to different causes by different writers. Magitot thinks they depend upon convulsive affections in infancy. Prof. Parrot, in an important communication to the Paris Academy of Medicine, combats this hypothesis; according to him, the alteration is due to hereditary syphilis. He bases his position upon the coincidence of a great number of other lesions which are due to the same cause. This alteration, observed in pre-historic crania, would be a proof of the existence of syphilis at that epoch. To this, Magitot answered, that these teeth have been found in jaws belonging to crania perforated by trepanning, an operation which was performed especially upon subjects affected with convulsive disorders. —*Journal de Méd. et de Chir. pratiques*, October, 1880.

HYDROPHOBIA.—(*Ibid*) M. Hardy cited a case of hydrophobia, observed by him, which presented only this remarkable peculiarity: that in this patient the application of the continued current determined a great alleviation and caused a momentary cessation of the hydrophobic symptoms. The opposite poles being placed at the nucha and the soles of the feet, or to the hand which was the seat of the bite. M. Bouley related a case in which the continued current produced the same remarkable results.

Correspondence.

EUCALYPTOL.

Editor Clinical Record:

I notice in the September number of your journal a report on "Eucalyptol as an Antiseptic," coming from T. S. Floyd, M. D. and also an abstract of a paper which

that gentleman read on the subject before the Kansas State Medical Society.

It appears to me that Dr. Floyd applies the name, "eucalyptol," to a preparation which Professor Mosler, of Greifswald, in his treatise on "Eucalyptol," published in the *Berlin. Clin. Wochenschrift*, November 21, 1879, styles "ol. enc. australe," a product obtained by distillation from the wood and resin of the eucalyptus tree. Professor Mosler cautions particularly against that preparation as an internal medicament and points out that it must not be confounded with the *ol. enc. e. folii*, or "eucalyptol." It is evident that the cases enumerated by Dr. Floyd do not give proof of the efficacy of the oil applied by him greater than would have been obtained by the application of common turpentine, and on the strength of the history of *eucalyptol* and its recent introduction into the drug trade of the United States, I am forced to doubt if Dr. Floyd has had the opportunity offered him to become acquainted with that preparation. As a proof of my assertion, I may be allowed to state, that the first trials for production of the *ol. enc. e. folii* for the market were made at Vienna some years ago, upon instigation of Dr. C. F. Weinke; however, the trial had to remain a trial, as the price demanded for the product (360 mark per kilo.) made its sale an impossibility. Next in turn, and without any competition on the globe up to the present time, were Sander & Sons, of Sandhurst, Australia, and their first consignments were shipped September 1878 for Europe. Sander & Sons succeeded in bringing the price in accordance with the competing preparations, and the numerous acknowledgements which their product has received from the highest medical authorities could not fail to bring it into prominent notice. I have been kept *au courant* of the events connected with that article from the very start, and when I further state, that the proprietor, only in more recent times, is carrying the introduc-

tion of his preparation, the "eucalyptol," in our market into effect, so it must necessarily follow, that Dr. Floyd could not have subjected an article to investigation at a time when it was not to be obtained.

The oil Dr. Floyd was, or is operating with, comes from Bosisto, in Richmond, near Melbourne, Australia, and if Dr. F. has any doubts about that fact, I am prepared to procure him samples from San Francisco, at which place Bosisto keeps an agent. Bosisto, true enough, did not refrain from attributing to his "wood oil," all properties that have been claimed for eucalyptol, and even did not shrink from resorting to publicity for the endangered prestige of his article. However, he had in the end to admit plain facts. The open correspondence which was carried on to that end, in an Australian paper, between Sander and Bosisto, is at the disposal of Dr. F. Baron von Mueller, director of the botanical gardens at Melbourne, sought to interfere, and proposed to use the firm of Bosisto for the sale of eucalyptol. Surely a certain proof of the apprehensions that have been felt for a sophisticated article, when it was brought to compete with the genuine product.

When I thus enter at some length into the above matter, I beg to bear in mind that, by confounding preparations under similar names, disappointments must follow, when their properties, as is the case in the present instance, are, in many cases strictly opposed to one another. The *ol. euc. australe* (wood oil) has a blistering, drawing effect, and the consequences, when applied instead of eucalyptol, in diphtheritis, throat and lung diseases in general, etc., must actually cause harm, if not endanger life. My only aim is to point out the difference between two preparations which are only too apt to be erroneously taken for one another, to the disadvantage of the practitioner.

G. W. SANDER, M. D.

DILLON, IOWA, 1880.

Extracts and Abstracts.

TESTS FOR ARSENIC WITHOUT TECHNICALITIES.—(Dr. John B. Bond, of Little Rock, in the *Arkansas Medical Journal*) I give, for the benefit of your readers, a few thoughts upon the subject of the chemical tests for arsenic in cases of suspected death from that poison. Some of these tests are not at all intricate, and every medical man, without exception, could make himself competent, by a little study and practice, to perform them with accuracy and satisfaction.

A knowledge of chemistry is of course very desirable, but satisfactory tests showing the presence or absence of arsenic can be performed by persons who are mere tyros in the science. Such persons would cut a sorry figure on the witness stand, perhaps, but if certain results under certain manipulations should be obtained by them, they could safely say "this stomach contained arsenic."

These manipulations are, as I have said, not at all difficult. Suppose it is suspected that a person who has been dead three weeks was poisoned by arsenic; a simple process of determining this would be as follows: Exhume the body and remove the stomach, after ligating both orifices. Do not forget to keep it under lock and key except when it is under your own eye. Presuming that at such a time after death the organ will be empty or nearly so, cut it into small fragments and place them, together with the contents, in a porcelain-lined dish with, say, a half pint of distilled water and a small quantity of muriatic acid. Boil this mixture half an hour, strain it through muslin into a clean glass jar, filter the liquor through paper, and it is ready for the chemical test known as Marsh's.

Every person who has attended chemical lectures will remember the "Philosopher's lamp." A common junk bottle, fitted with a glass tube drawn to a small point, containing strips of zinc, sulphuric acid and water, is the apparatus simplified. From this glass tube will issue a gas called hydrogen, that will burn like a lamp; hence the name, "Philosopher's lamp." Should a little solution of arsenic be added to the bottle, the gas will be "arsenuretted hydrogen," and the flame will have properties that no other flame has, though it may be

simulated in some degree by one other substance.

The examiner should proceed thus: Select a wide-mouth strong bottle, holding, say, eight ounces. Pass the pointed tube (made by "drawing out" a small tube by means of the spirit lamp until the aperture is reduced to the size of a cambric needle) just through the cork. Pass another and larger tube nearly to the bottom of the bottle; if this tube had a small funnel at its outer end it would be more convenient. Put into the bottle, or hydrogen flask, as it may now be called, a few pieces of zinc cut from a sheet of the metal, then add, say three ounces of pure water, and to this, say one-half ounce of pure sulphuric acid, and close the bottle with the cork carrying the glass tubes already described.

Chemical action will be at once set up; the water will be decomposed, giving up its hydrogen, which will escape from the fine-pointed tube, together with the atmospheric air which has, until this time, remained in the flask.

As soon as the air has been forced out, say in five minutes after strong chemical action is set up, the hydrogen escaping at the end of the tube may safely be ignited; now we have the "Philosopher's lamp" burning. The examiner must next satisfy himself that the ingredients in the flask are free from arsenic. If any be present it will be indicated by the deposit of a black shining spot upon a piece of clean porcelain held in the flame, say five seconds. If no such spot can be made with the flame, it is proof that arsenic is not present.

Now add to the flask through the larger (funnel) tube, say a half ounce of the suspected liquid, as heretofore described. If arsenic be in that liquid, the flame will increase in size, and will change to a blue or livid tint. But the most important change in the character of the flame will be its power to form a black, shining disk or metallic mirror upon a porcelain dish or surface. The clean top of an ointment pot is the most handy thing a physician can find.

Holding this in the flame for a few seconds the spot will be deposited; an hundred of them may be taken in two or three minutes if the quantity of arsenic be large.

Are these disks due to the presence of arsenic? Will any other substance produce them? Solution of antimony poured into the flask (previously cleaned of the mat-

ters), in lieu of the solution of arsenic, will cause a deposit of dead, black, lusterless spots, simulating, as I have said, in some degree the arsenic disks. They will be much larger, more quickly deposited than arsenic, and they will lack the metallic luster of the other. But further: apply a drop or two of saturated solution of chloride of lime, or of chlorinated soda to the disk; if it be arsenic it will *disappear quickly*; if it be antimony there will be *no change* in several hours. If the hydrosulphate of ammonia be used in lieu of the solution of chloride of soda, *arsenic spots* will remain *permanent* and antimony spots will *disappear* at once.

Are other tests wanted? They can be had with the ammonio nitrate of silver and with the ammonio sulphate of copper, which show the characteristic colors of the arsenites of these metals; but these tests, though simple enough, require more familiarity with chemical manipulation than most practitioners possess, and are really not needed in arriving at a conclusion, if the other results are clearly set forth. These are the simple tests, yet they point unerringly to the truth. Every medical man should be prepared to perform as well as to explain them.

GLYCERINE IN FLATULENCE, ACIDITY, AND PYROSIS.—(Sydney Ringer, M. D., and Wm. Murrell, M. D., in *London Lancet*) An old gentleman, who for many years suffered from distressing acidity, read in a daily paper that glycerine added to milk prevents its turning sour, and he reasoned thus: "If glycerine prevents milk turning sour, why should it not prevent me turning sour?" and he resolved to try the efficacy of glycerine for his acidity. The success of his experiment was complete, and whenever tormented by his old malady he cures himself by a recourse to glycerine. Indeed, he can now take articles of food from which he was previously compelled to abstain, provided always that he takes a drachm of glycerine immediately before, with, or directly after his food. He recommended this treatment to many of his friends—sufferers like himself—and one of these mentioned the above circumstances to us.

We have since largely employed glycerine, and find it not only very useful in acidity, but also in flatulence and pyrosis, and that it sometimes relieves pain. We

meet with cases where flatulence, or acidity, or pyrosis is the only symptom, but more frequently these symptoms are combined. Some patients rife up huge quantities of wind without any other symptoms than depressions of spirits; in others we get flatulence and acidity, one or other predominating; and we meet with others who suffer from acidity, flatulence, and also pyrosis. In all these various forms we find glycerine useful, and in the great majority of cases very useful. We do not mean to say that in all cases it is superior to other remedies for these complaints; indeed, in several instances it has only partially succeeded, where other remedies at once cured. On the other hand, in some cases glycerine speedily and completely succeeded, where the commonly used remedies for acidity and flatulency completely failed. We do not pretend to estimate its relative value to other remedies; we are only anxious to draw attention to its virtues.

Gas is, in some instances, formed in the stomach, in others, in the large intestine, in some patients in both. Our observations were made on stomach flatulence, and as glycerine is so readily absorbed we should hardly expect that it would influence the formation of wind in the colon, except given in large doses, and when it acts as a slight laxative, and so expels the putrefying mass which forms the wind.

In some cases it removes pain and vomiting, probably, like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs.

We suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction. J. Mekulics (Archiv. f. Klin. Chirurg, Bd., xxii, Heft 2, 1878) shows that glycerine prevents putrefaction of nitrogenous substances, as of blood diluted with water, which speedily decompose at the ordinary temperature of the air. Two per cent. of glycerine retarded decomposition for twenty-four hours; ten per cent. for five days. If the fluid were placed in the hatching oven, then two per cent. retarded decomposition for several hours, ten per cent. for forty-eight hours, and twenty per cent. altogether prevented putrefaction. He also proves that glycerine destroys bacteria and prevents the formation of septic poison, though it will dissolve and preserve the septic poison itself.

Dr. E. Murk (Virchow's Archiv., 1879) finds that two to three per cent. will delay

lactic fermentation in milk from eighteen to twenty-four hours.

Burnham Wilmot, 1860, says glycerine preserves meat so that after several months' immersion the meat is sweet and can be eaten; and Demarquay proves that both animal and vegetable substances may be kept for six weeks to two months by glycerine.

Glycerine, however, does not prevent the digestive action of pepsin and hydrochloric acid; hence, whilst it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. We administer a drachm to two drachms, either before, with, or immediately after food. It may be given in water, coffee, tea, or lemon and soda water. In tea and coffee it may replace sugar, a substance which greatly favors flatulence, as; indeed, does tea in many cases. In some instances a cure does not occur till the lapse of ten days or a fortnight.

EXTRACT OF MALT.—Notwithstanding the Trommer Extract of Malt Company brought extract of malt to the notice of the medical profession of this country more than six years ago, we were first induced to make therapeutic test of its virtues by reading in Ziemssen's Cyclopædia, the able article by Immerman, wherein he states that after prolonged experience at the Basle Hospital, Malt Extract had almost entirely taken the place of cod-liver oil. In the first series of trials made by us we obtained very satisfactory results, and we do but simple justice to the merits of this most important of recent additions to therapeutics when we say that continued and varied experience of the use of Malt Extract has resulted in our still higher appreciation of its peculiarly valuable and beneficial properties. Indeed our experience with this preparation has been uniformly successful, failure occurring in no single instance.

The statement in Stille & Maisch's Dispensatory that it "appears to be especially adapted to promote the digestion of amylaceous food by promoting its conversion into dextrine and glucose," and that it is "found quite beneficial in states of chronic debility, *dyspepsia* due to organic disease or infirmity, or to mere nervous exhaustion" is but a brief recital of an exceedingly limited and partial range of its many valuable therapeutic properties. In weak digestion, in debility, in malnutrition, in

functional derangement of the stomach and bowels of both adults and children, in the emaciation following the summer diarrhoea of teething infants, in all wasting diseases of children, in general depreciation accompanying ovarian disease, in any wasting disease of females, in profuse suppuration following wounds, injuries and the major operations of surgery; and last but not least, in tuberculosis and scrofulosis, and in convalescence from fevers and other acute diseases, the Trommer Extract of Malt has, time and again, practically and unquestionably been demonstrated to be of incalculable value. In cases of phthisis that would not tolerate cod-liver oil in any of the usual forms of administration, the Extract of Malt alone, or forming an emulsion with the oil that was acceptable, has an intrinsic value that cannot be calculated.

The Trommer Extract of Malt Company, at Fremont, Ohio, is employed in the exclusive manufacture of the "plain" Malt Extract, or combined with such other preparations as Cod-Liver Oil, Iron, Phosphorus, Pepsin, Quinine, the Hypophosphites, etc., etc., as have been suggested and approved by some of the most eminent and reliable members of the profession in Europe and America; and notwithstanding the large and steadily increasing demand, they are enabled, by unremitting personal attention to all the details of the manufacture, to maintain the excellent quality and high standard which has established the reputation of their preparations on both sides of the Atlantic. One peculiarly valuable property of their preparation is that it will keep for years in any climate without fermenting or moulding.—*Southern Practitioner*, Sept. 1880.

DEFENSE OF OÖPHORECTOMY.—At a recent annual meeting of the West Somerset Branch of the British Medical Society, Mr. Lawson Tait made defense of the operation of oöphorectomy, giving some interesting facts from his experience with regard to its *unsexing the patient*. Mr. Tait said that as the diseases for which the operation was performed had already unsexed the patient as far as child-bearing was concerned, and, in many cases, as far as marital functions also, this argument was futile. The operation often restored the sexual capacity previously destroyed. In this operation he had, in his experience, exactly the opposite effect attributed to it in the

argument he was discussing. As to its *destroying the sexual instinct and desire* in women, he said that no such consequences followed. Two of his patients operated on were married ladies in good position, and they stated that it made no difference whatever in their marital relations; all his patients stated that it made no difference in their feelings for the opposite sex. As to alleged alterations of voice, appearance, abnormal growth of hair, tendency to obesity, etc., it was denied that they occurred. The possibility of a criminal abuse of the operation seemed too remote for any consideration. It seems barely possible that enthusiastic oöphorectomists will, in time, advocate their operation as an aphrodisiac measure or a cure for sterility.—*Medical Record*.

RACE AND INSANITY.—From an examination of the statistics of the State Asylum for Insane Emigrants, Ward's Island, New York, including 2,297 patients, and covering a period of over four years, Dr. E. C. Spitzka (*Journal of Nervous and Mental Disease*, Oct. 1880) concludes:

1. "That melancholia (true lypemania) is considerably more frequent among the foreign born than among the native insane population. For every hundred insane of the former there are sixteen melancholiacs, while for the same number of the latter there are but eleven such."

2. "That paralytic insanity is more frequent among races of a high than a low cerebral organization, most frequent among those whose civilization induces a restless mental activity, and that sexual excess has no essential bearing on the production of these diseases."

The last clause is especially important, in our opinion, because of the popular and professional notions on the subject being to the contrary. Our own observations of general paresis confirms Dr. Spitzka's proposition.

3. "The Celtic race is not immune to the paralytic insanities; when placed under the same conditions as other races, it is as subject to the disease as the Teutonic peoples."

His final answer to the question as to the influence race has on insanity is as follows:

"On the whole, the different forms of insanity occur in nearly the same proportions in the Anglo-Saxon, Teutonic, Celtic and Hebrew races; paralytic insanity is

most common among Anglo-Saxons and least common among Negroes; melancholia is most common among the Germanic peoples; the tendency to terminal dementia is greater in the Anglo-Saxon than in the German or Celt, and the forms dependent upon hereditary taint are most common among Hebrews. With this it is in accord, that since the termination in dementia and the influence of heredity are the factors which chiefly cause an accumulation of the insane population, that the Hebrew and the Anglo-Saxon should have the highest proportions of insane of their respective populations."

PREVENTION OF THE OPIUM HABIT.—Dr. C. W. Earle, physician to the Washington Home, concludes an excellent article on the opium habit (*Chicago Medical Review*, Nov. 5, 1880) with the following appeal to the medical profession:

"I am afraid, my friends, that some of us use the opium preparations with too great freedom. We prescribe to allay pain, forgetful of the possible results. I am certain that we should see to it that a prescription containing an opiate is not refilled and repeated indefinitely. So firmly has the thought fixed itself on my mind that I have on my prescription blanks these words: 'If this prescription contains chloral, or any of the opium or alcoholic preparations, the druggist is respectfully requested not to repeat.' This request, in the majority of cases, will be respected by our pharmaceutical friends. It will accomplish more, I think, than a threat or a demand. Four brief points, and I am done:

1. Let us avoid the indiscreet and reckless habit of prescribing opiates to the nervous class, hysterical women and hypochondriacal men.

2. Have enough interest in the future welfare of our patients to advise and encourage the discontinuance of any prescription containing opium in any form.

3. Coöperate with the family druggist in preventing the refilling of prescriptions containing not only opiates but alcoholic stimulants.

4. Never, under any circumstances, teach a patient how to use a hypodermic syringe."

JAPANESE OBSTETRIC PRACTICE.—(*Lancet and Clinic*) According to the *Presse Méd. Belge*, the Japanese physician, after having obtained a pretended reduction of irregular

presentations by abdominal massage, makes the patient arise; he places his shoulder against the chest of the woman, and makes her pass her arms around his neck. He then clasps her knees between his own, so that she is well supported, and practices a lateral massage with the hands, starting from the seventh cervical vertebra, from above downwards, snapping his fingers to distract the woman's attention. Finally, he rubs with the palm of his hand from behind forwards, the buttocks and thighs, sixty or seventy times, and this every morning from the fifth month. We may add that the Japanese practitioners are generally aged.—*Med. Press and Circular*.

AXILLA LACTATION.—Dr. S. F. Smith, of Frankfort, Kentucky, reports the following following (*Louisville Med. News*): "I delivered a black woman in this city of her first child a month ago. A few days after the birth of the child she sent me word that milk was running out from under her arm and down her side. I went to see her, and found that it was really axilla lactation. I went to see her again this morning to make a full investigation of the case. There is a milk gland in the right axilla, but no nipple. The gland is about an inch and a half in diameter. When pressed between the fingers, pure milk flows out through a small aperture. Her mammary glands are large and furnish a free flow of milk."

IODOFORM IN VAGINITIS.—M. Martineau employs, in vaginitis, an emulsion made of equal parts of iodoform and oil of sweet almonds. Under the influence of the oil, the iodoform almost entirely loses its odor, to such an extent that it may be employed without the persons surrounding the patient being liable to suspect the nature of the dressing.

M. Constantine Paul indicates another process to do away with the disagreeable odor of iodoform. It is sufficient simply to drop a few drops of the essence of bitter almonds upon the iodoform powder.—*Canadian Jour. of Med. Science*.

THE American Public Health Association will hold its eighth annual meeting in New Orleans, commencing Tuesday, Dec. 7, 1880, and ending Friday, Dec. 10, 1880. Many questions of practical importance will come before the Association, and we trust the attendance will be large.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - NOV., 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the CLINICAL RECORD to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

For terms and address, see cover title page.

REYNOLDS' RAGE.

"As I do live by food, I met a fool."
—Shakspeare's "As You Like It."

Be it remembered, that in former issues of this journal, we have convicted one D. S. Reynolds of having attempted a clumsy confidence game by securing the adoption of a resolution, which was false in essence, by the representatives of a number of medical colleges. This exposure has had the effect upon the author of that resolution which bad boys expect to be produced by the application of turpentine to a tender point in the anatomy of a four-legged canine. The contortions of the unfortunate Reynolds are sad to behold. The pitiable writhings of an impaled centipede are as nothing compared with them.

Of course, the unlucky wight has no defense, so he hits upon the sc oo -boy trick of abusing this journal, its editor, and all who hold professional relations with them. He waves aloft the bloody napkin, yclept the Code of Ethics, and hopes to frighten some one. Poor fellow, he evidently does not recognize the fact that every sensible man must now see, as plainly as the sun,

that the ancient Code is an instrument of old women, by old women, for old women! Being of the masculine persuasion, for our own part, we prefer to leave the article for the exclusive use and benefit of the old ladies in pantaloons. The idea that grown-up men—to say nothing of gentlemen—should subscribe to a code that ought, logically, to include petty larceny among its prohibitions, is something phenomenal. Bricklayers and cobblers are above such pettiness.

Not content with his performance with the feminine napkin aforesaid, Reynolds assaults the St. Louis College of Physicians and Surgeons, and states that students have begun to shun its portals. This indicates a lack of information which we are able to correct. There are over double the number of "students of the better class" attending its second session, while dozens of the sort that fill up Reynolds' "mono-hippic" institution have been rejected for lack of preliminary education. This is exceedingly sad news—for Reynolds. We trust he has not invested any of his spare capital in wagers against the success of the school with which the editor of the CLINICAL RECORD happens to be connected.

But it is a proverb, that if a person of defective intellect should be subjected to the action of an apothecary's pestle, his folly would not be ground out of him. This appears to fit Reynolds' case to a nicety. He continues to affirm that the College Association has really done a great deal towards advancing the cause of medical education, while, all the time, he knows that it has only made empty promises of adopting the three-years' course of study *two years hence*. Even a microcephalic idiot ought to be able to discern the difference that exists between a gift and a promise of one two years hence. We presume Reynolds has a moderate supply of cerebral substance (although his recent writings serve to throw a good deal of doubt on this surmise—we do not wish to

be regarded as having given any such opinion at present), hence it is to be inferred that he knew he was not stating the truth when he penned his editorial.

As Reynolds conducts a college organ in the interest thereof, he is unable to comprehend the fact that any journal can be really independent. Like color-blindness, college patronage has rendered his vision curiously defective in one direction. The CLINICAL RECORD, however, owes nothing to the College of Physicians and Surgeons, except respect, as it was the first St. Louis college to adopt the three-years' course. In this case the college was the outgrowth of the teachings of this journal; in Reynolds' case, his journal is an advertisement of his so-called college.

We give one illustration of what his readers and students are taught to accept as logic:

"We are not aware that the college in which the editor of the St. Louis CLINICAL RECORD holds a professorship openly sells diplomas. We are not able to maintain the charge that he is a secret agent of the late defunct Buchanan, but we do know that at least one of the colleagues of the aforesaid Hazard, in the aforesaid school or diploma mill, openly advertises himself on letter-heads and otherwise as a specialist, in direct violation and contempt of the Code of Ethics of the American Medical Association. The owner of this name figures prominently in the local society proceedings of St. Louis."

The logic of this extract is irresistible! A strictly analogous proposition might be worded as follows: We are not aware that Dudley S. Reynolds has ever been convicted of producing criminal abortions. We are not able to maintain the charge that he has ever served a term in the penitentiary, but we do know that one of his former colleagues had to leave Louisville very suddenly on a charge of immoral and indecent practices too disgraceful to mention.

A diploma mill is a *quasi* medical school which confers diplomas upon candidates who have not proved their worthiness for

the honor, such as the two-year low-grade schools all over the country, of which the one Reynolds is connected with is a good specimen. The three-term, high-grade institutions, such as the St. Louis College of Physicians and Surgeons, cannot be classed with them.

We have no doubt the gentle attention we have generously given his case will produce a state of mind in the attenuated Reynolds similar to that of the traditional *cimex lenticularis*. We shall observe his mad antics with the same interest with which the physiologist watches those of the strychnized *Rana pipiens*.

MALT EXTRACTS.

The different preparations of unfermented malt have been so long before the medical public, and their virtues have become so well known, that it is scarcely necessary for us to again commend them to the attention of our readers. We do not suppose it is necessary for us to write a formal certificate of the unexampled excellence of any particular preparation, for, like Powers & Weightman's quinine and Squibb's ergot and chloroform, the products manufactured by the Trommer Company, of Fremont, Ohio, have achieved a world-wide reputation—a reputation based upon intrinsic value—one that cannot be overcome except by a falling off in the quality of their goods. Thus far, the progress evinced by the improvement in their preparations is all that can be reasonably desired by the most critical therapist or most fastidious patient. Other things being equal, we should expect from those longest in the manufacture and having the most extensive patronage, those preparations which would show the highest excellence. This holds good of every product of human ingenuity, and is a self-evident fact in relation to malt extracts.

The experience of brewers has shown that barley affords the largest percentage of the ferment which affects desirable changes

in amylaceous articles of food. The diastase is the essential ingredient in a malt extract, so far as its digestive properties are concerned. As regards the presence of maltose or glucose, the less there is of either in the preparation the better, for it is cheaper and in every way better to furnish these along with the bone-forming materials in the form of ordinary articles of food than to compel the patient to pay an exaggerated price for these common agents, which are to be obtained everywhere, in the form of an expensive medicine. The more diastase, then, the manufacturer compresses into his malt extract, and the less he overburdens his product with extraneous materials, the better for the patient's pocket and the prescriber's reputation.

These are points to be remembered by the physician, and if so remembered, the manufacturer will be necessarily compelled to so modify his product as to meet the demand. Although we believe that no product of the manufacturer's art has attained absolute perfection, yet we believe the "old reliable" Trommer Company has advanced a long way towards that goal.

THE ST. LOUIS INSANE ASYLUM was recently made the subject of official investigation. The motive was given by a very highly colored account of the death of one of its inmate which appeared in one of our daily papers, which is more renowned for its enterprise than for strict adherence to the truth. The result of the inquiry was to completely exonerate the management from any blame, and, at the same time it secured the building of an infirmary. This has been called for by successive superintendents for nearly a decade, but it required the strong stimulus of public opinion to secure the erection of a building which every official connected with the Health Department knew was necessary years ago. The thanks of the helpless insane and their friends are due the much abused reporter and his paper for stirring up the matter so vigorously and effectively.

BROMIDIA.—A great deal has recently been written against professional endorsements of combinations of active remedial agents placed upon the market by manufacturing chemists. The same arguments apply to such formulæ as have received the sanction of the profession in times past, and which are now recognized as *officinal*. Paragoric, Sydenham's laudanum, spirits of Mindererus, etc., are examples. There is as much advantage in being able to specify a known combination, such as Battle's bromidia or iodia, or Boudault's pepsin, as in having tincture of opium of standard strength always at hand. This is especially true when the manufacturer proves his trustworthiness by his works, as in the case of the Messrs. Battle & Co., of this city. In spite of the critics, we freely give them our endorsement, for we know that their products are good.

ST. VINCENT'S INSTITUTION FOR THE INSANE furnishes another case of suicide. One of its inmates strangled herself in her room at night, and the fact was not discovered for several hours. It would save the coroner much trouble if the Attending Physician were to burn or strangle his melancholic patients *en masse*. This piece-meal way of ridding the asylum of troublesome cases is decidedly improper. Taking the Redemeir case as a sample of his favorite method of disposing of lunatics, we infer that he favors the rope rather than cremation in this particular. A combination process, however, might prove more acceptable to his taste than either singly. We timidly offer the suggestion.

DR. SPITZKA'S LECTURES ON EMBRYOLOGY will be continued in this journal the coming year. Our December number will contain an important paper by him on Monomania. His present engagements will not permit him to continue his series until after the beginning of 1881. He is still engaged in the examination of Redemeir's brain, the

report of which will not be ready until January. When it does appear, our readers may expect some "very interesting reading."

WOOD'S LIBRARY FOR 1880, as we have several times affirmed, is a very creditable series. It certainly gives a full equivalent for every dollar invested in it. Several of the volumes are far above the average of current issues from the medical press. We make these remarks thus prominently for the reason that our criticism upon a recent issue has been misunderstood to the detriment of the library as a whole.

Book Notices and Reviews.

YELLOW FEVER: Nature and Epidemic Character Caused by Meteorological Influences, Verified by the Epidemics of Shreveport and Memphis in 1873, by that of Savannah in 1876, by the Great Epidemic of the Mississippi Valley in 1878, and (in the Appendix) by the one of Memphis in 1879. By C. Spinzig, M. D. For sale by D. Appleton & Co., New York. 8vo. pp. 205. St. Louis: Geo. O. Rumbold & Co. 1880.

Dr. Spinzig purposes to show "the vanity of the theory of infection and the prophylactics based on it" as well as to demonstrate irrefutably the law of the causation of this disease by meteorological influences. He states specifically, "It was one of the main parts of our task not alone to prove the fallacy of specific infection, but to produce the scientific evidence in support of every point advanced, and thus to supplant hypothesis and error with positive knowledge and verified scientific facts." He has appreciated the gravity of his attempt but attacks the problems presented with the courage and pertinacity which often overcomes enormous obstacles. However much we may differ with him regarding the success of his endeavors, we cannot withhold the expression of our profound respect for his courage and industry and admiration of his enthusiasm.

In his preface, our author states the objects held in view in the work and expresses his thanks to his literary friends for various valuable services in its preparation.

In Section 1, the etiology, pathogeny and *genius epidemicus* of yellow fever are discussed. The possibility of yellow fever or any epidemic disease being propagated from man to man by infection or contagion is scouted as nonsensical. On page 22 we find the causation, as he understands it, in a nut-shell, "That the development of a yellow-fever epidemic is caused by the intensity of the variations of the weather during the hot season grows fully apparent from the data of the meteorological tables (given further on), exhibiting the extremes for the summer months (July, August and September), and that its spreading over an extensive area, following the same law, is demonstrated beyond controversy, by the history of the great epidemics of 1878." An examination of the tables referred to, and which have been compiled with great care and at the cost of a vast expenditure of time and labor, shows that during the years when epidemics prevailed there were differences in amount of rain-fall and in temperature, which the author pronounces sufficient to account for the prevalence of the disease. These differences from the "normal" seem to us entirely inadequate to account for any such results. Again, if a difference of a few degrees (2 or 3) in the mean of the summer temperature, with a deficiency of a few inches in the annual rain-fall are to be held the real causes of an epidemic of yellow fever in a given locality, it seems to us that *sporadic* cases ought to occur among all commercial travelers and pleasure seekers who are continually changing their atmospheric surroundings. In other words, it seems to us that the author has not succeeded in giving even plausibility to his hypothesis which he fondly hopes is to prove the death-blow to the germ theory of disease.

That variations in barometric pressure

can have very little if anything to do with the causation of yellow fever, is clearly shown by the author's own table (page 73), in which he shows that the same conditions prevailed in Memphis and Cincinnati in the year (1878) of the epidemic which devastated the former and scarcely affected the latter.

The absence of the usual amount of rainfall seems, to the author, of the very greatest importance in the causation. If this were true, the present year should have been marked by a wide-spread epidemic, especially along the Atlantic coast. The temperature in the Eastern States was excessive all through the earlier part of the season, while the deficit in rain fall has been almost unprecedented. Still yellow fever has not devastated Baltimore, Philadelphia or New York.

Much as we are opposed to quarantine and the usurpations of "political doctors," we are unable to believe that Dr. Spinzig has discovered the clue to the true nature of the disease. On the contrary, it appears to us that the author has admitted a goodly amount of evidence in favor of the germ theory of the causation of the disease (*vide* pages 130-131).

We know of no man who abhors authority as a basis for science more than the author, yet we find him, on page 73, making this strange assertion on the strength of a single series of observations by Jolly: "The atmosphere contains a lesser percentage of oxygen under equatorial currents, and a higher percentage of that element under polar currents." This is precisely contrary to what we might expect *a priori*. The idea that a variation of 0.5 per cent. of oxygen in the atmosphere of a country in the course of a month could produce any appreciable effect upon the health of its inhabitants appears to us preposterous, for greater diurnal variations are endured by the denizens of poorly ventilated habitations without apparent detriment to health, certainly without the production of any such disease as yellow fever.

We have endeavored to treat Dr. Spinzig's brochure with all fairness and liberality. It is possible that we have failed to attach due weight to some of his arguments and have not appreciated the data upon which he bases them. If so it should appear to those better able to judge of these matters, we shall be very glad to give space to all necessary corrections.

THE BRAIN AS AN ORGAN OF MIND. By H. Charlton Bastian, M. A., M. D., F. R. S., Prof. of Pathol. Anatomy and of Clin. Medicine in University College, London, Etc. 12mo. pp. 708, with 184 illustrations. New York: D. Appleton & Co., 1, 3 and 5 Bond st. 1880. St. Louis: Book & News Co. Cloth, \$2 50.

This work is written from the evolutionist point of view and should be read by every advocate and opponent of that hypothesis. The first chapter, on the Uses and Origin of a Nervous System, describes carefully the lowest and most primitive rudiments of the nervous apparatus, and indicates the probable method of its development from indifferent materials. Biologists will not agree with him in his ideas relative to "Ephemeromorphs," borrowed from his former work, "Beginnings of Life." His notions relative to spontaneous generation of living organisms here come to the surface. The influence of Herbert Spencer's teachings are everywhere apparent. Chapters II to IX, inclusive, are devoted respectively to the Structures of a Nervous System—Nerve Fibres, Cells and Ganglia; the Use and Nature of Sense Organs; the Nervous System of Mollusks; the Nervous System of Vermes; the Nervous System of Anthropods; Data Concerning the Brain Derived from the Study of the Nervous System of Invertebrates; the Brain of Fishes and of Amphibia; and the Brain of Reptiles and of Birds. These chapters contain a very readable and complete epitome of what is known respecting the structure of the nervous apparatus in such lowly organized beings, with a sketch of their powers and capabilities.

The tenth chapter, on the Scope of Mind, contains an elaborate argument against the independent existence of mind as an entity—a something having a “spiritual,” or uncorporeal nature. By the word “mind” the author understands “the results of all nerve actions, other than those of outgoing currents.” He includes, under mental phenomena, “the functional results of all nerve actions on the side of ingoing currents and in the nervous centers—whether these nerve actions are accompanied by a recognizable conscious phasis, or whether they form what appear to be mere physical links (or ‘organic states of the nerves’) between other nerve actions which are unquestionably in relation with definite conscious states.” The functional results of outgoing currents, he holds, lie wholly beyond the sphere of mind. They terminate in such events as contractions of muscles or glandular activity, “which are in no sense mental, though brought about by nervous influence.” The argument is elaborated with all the skill of the practiced logician and is well worthy of study by all opponents of the so-called materialistic school.

Reflex Action and Unconscious Cognition; Sensation, Ideation and Perception; Consciousness in Lower Animals; Instinct: its Nature and Origin; and Nacent Reason, Emotion, Imagination and Volition, form titles to chapters of the greatest interest. They present nothing especially novel in essence or treatment, hence we are obliged to pass them with this brief mention.

The sixteenth chapter, on the Brain of Quadrupeds and some other mammals, and that which follows on the Brain of Quadrumana, form a good introduction to a study of the mental capacities and powers of the higher brutes. This is a chapter of absorbing interest.

Chapter XIX, on the Development of the Human Brain During Uterine Life, contains a short sketch of human embryology, which is generally very accurate, although

too brief to be of much value to the student. The following chapter is mainly occupied with statistics of the size and weight of the human brain. One important point is strongly stated, viz: the comparative unimportance of mere bulk or weight of the brain in reference to the degree of intelligence of its owner, when considered apart from the relative amount of its gray matter and the amount and perfection of the minute internal development of the organ either actual or possible.

The succeeding chapter is on the External Configuration of the Human Brain. The recent researches upon the topography of the convolutions have been utilized. An interesting section on the significance of the high convolutional development of the human cerebral hemispheres closes the chapter.

“From Brute to Human Intelligence,” is the title of Chapter XXII. The paramount value of the possession of language by man and the influence of the possession of this faculty upon the progress of intelligence are strongly insisted upon. The origin of this faculty in the human race he does not attempt to explain. “An endowment like articulate speech, when once started—whether by some hidden and unknown process of natural development, or as a still more occult God-sent gift to man—was, by its very nature, almost certain to have led its possessors by degrees along an upward path of cerebral development.” There are mysteries in life and mind that the most daring evolutionist is content to leave unexplained—for the present.

Chapters XXIII and XXIV, on the Internal Structure of the Human Brain and the Functional Relations of the Principal Parts of the Brain, conclude the purely anatomical and physiological portions of the work. In the last-mentioned chapter is to be found a long and interesting discussion of the functions of the cerebellum. The following is the author’s summing up of his views: “It may be said that the

CEREBELLUM is a supreme motor centre for reinforcing and for helping to regulate the qualitative and quantitative distribution of outgoing currents, in voluntary and automatic actions respectively; or, more briefly still, that it is A SUPREME ORGAN FOR THE REINFORCEMENT AND REGULATION DISTRIBUTION OF OUTGOING CURRENTS." This is, practically, an elaboration of the reviewer's views expressed before the Association of Superintendents of American Institutions for the Insane, at the St. Louis meeting.

In the following chapter (XXV), on Phrenology; Old and New, the author gives a fair exposé of the so-called system of Gall and Spurzheim, and compares it with the most recent investigations of Fritsch and Hitzig and Ferrier and their disciples. The author sides with Brown-Séquard, on the question of cerebral localization of functions, and thinks we have merely to do with distinct cell and fibre mechanism existing in a more or less diffuse and mutually interblended manner, rather than with topographically separate areas of brain-tissue. In the following chapter (on Will and Voluntary Movements) he asserts that it is possible to explain the results of irritation and destruction of certain areas of gray matter and the fibres intervening between them and the corpora striata, without in the least countenancing the supposition that "motor centers" exist in the cerebral convolutions. In this place he also admits that the obscurity prevailing in regard to the problem of *how* voluntary movements are evoked, is at present irremovable. This chapter is especially interesting.

The remaining chapters: on Cerebral Mental Substrata; on Speaking, Reading and Writing, as Mental and as Physiological Processes; on the Cerebral Relations of Speech and Thought, and Further Problems in Regard to the Localization of Higher Cerebral Functions, with the Appendix, Views Concerning the Existence and Nature of a Muscular Sense, contain discussions

of matters of absorbing interest, but want of space prevents an extended analysis of their contents.

Altogether, we regard Dr. Bastian's book as a valuable contribution to our knowledge of cerebral functions, and more especially, as a compendious exposition of doctrines which have a most important bearing upon every phase of modern thought. It is needless to say that the publishers have shown good taste in their part of the work. In the typography, a less use of capital letters would make a better appearance. For this the author must be held responsible. He seems disposed to make the English follow the German language in this regard.

A PRACTICAL TREATISE ON NASAL CATARRH.

By Beverly Robinson, A. M., M. D., (Paris), Lecturer upon Clinical Medicine at the Bellevue Hosp. Med. College, N. Y., Etc. 8vo. pp. 182, with 56 illustrations. New York: Wm. Wood & Co., 28 Great Jones st. 1880. St. Louis: C. C. Pease, 515 Olive st. Cloth, \$1 75.

Dr. Beverly Robinson has made himself widely and favorably known by his contributions to medical periodicals in the past few years, but we believe this is his first effort at book making. In this small volume he gives promise of doing good work in the future.

In his introductory chapter he states that it is his object to describe the symptoms fully, to give the proper treatment, to state the points of differential diagnosis clearly and succinctly of the ordinary forms of catarrhal inflammations of the nose. The second chapter gives the divisions of his subject, while the third is devoted to considerations of anatomy, physiology and pathology of the naso-pharyngeal space.

Chapter IV describes and illustrates the instruments used in examining the nasal cavities, and the one succeeding is devoted to the instruments used in the treatment of these spaces. The sixth contains full and clearly stated instructions for the practice of anterior and posterior rhinoscopy.

The seventh division is devoted to coryza,

acute and chronic, its prophylaxis and remedial treatment. This is one of the longest and most important chapters, and deserves very careful reading. On page 65 the author warns against the use of quinine internally for the purpose of checking an acute malarial coryza, in case there is concomitant disease of the middle ear, with some or great impairment of audition, and quotes Koosa approvingly to the same effect. We have some doubts regarding the propriety of this caution. Quinine must frequently be given, notwithstanding the presence of auditory trouble, and we have never seen any bad effects in this regard follow its administration even in large and frequently repeated doses.

In the causation of coryza and catarrh of the pharynx, Dr. Robinson asserts his belief in the herpetic diathesis as the most powerful predisposing cause. In fact, he gives greater weight to this diathesis than to almost any factor that can be mentioned in the etiology. While there is, doubtless, an element of truth in this hypothesis, we believe that he has overestimated its weight in this particular.

A short section on hypertrophy of the turbinated bones follows. The author states that the "American nasal twang" is due to the more or less complete closure of the nasal passages, more than to any faulty articulation.

The last chapter is devoted to follicular disease of the naso-pharyngeal space (post-nasal catarrh) and will be found of the highest interest, especially by the specialist. The author cautiously admits that this affection may be *contagious* in some instances. A due combination of local with constitutional treatment he advises as essential to successful management of this obstinate affection. The nasal douche he regards as of very little value, while its use may be productive of much damage. He makes most of his local applications in the form of sprays and powders. A sufficient number of prescriptions are given. These have all

been thoroughly tested. The use of caustics, and the galvano-cautery is recommended in certain conditions which are very clearly indicated.

Altogether, we regard Dr. Robinson's work a really practical and trustworthy guide to a proper knowledge of the affections to which it is devoted. It is well suited to instruct the student, while the practitioner will find in it the information he desires stated clearly and without unnecessary circumlocution.

WOOD'S STANDARD LIBRARY, VII:—

TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau and H. Pidoux. Ninth edition. Revised and Enlarged, with the assistance of Professor Constantine Paul. In three volumes. Vols. I, II, III. 8vo. pp. 302, 299, 379. New York: William Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, sole agent, 514 Olive st. \$1 25 each. Sold only by subscription.

The great work on *materia medica* and therapeutics, by Trousseau and Pidoux, has long held the first position in French medical literature. The great merits of the illustrious Trousseau as a medical teacher are acknowledged in every part of the world. His treatise on clinical medicine is a favorite with every lover of good style and careful medical observation. It is, therefore, with more than ordinary pleasure that we welcome this translation of the work of the master on therapeutics. The part written by him is presented to the English reading public shorn of the cumbersome and practically useless pharmaceutical details which, although rendering the work complete for the French student, would be without special value for foreign readers.

The descriptions of the physiological action of drugs have also been left out of the translation; more recent researches in this direction by our own writers have invalidated certain of these made a score of years ago, and, besides, are more extensive and varied.

Certain other unimportant sections of the original have been omitted, such as the articles on Milk, Raw Meat and Pepsin, Magnetism, Electricity, Acupuncture, Massage, Gymnastics, Flagellation, Hydro-Therapeutics and Caloric; more recent investigations having extended and corrected our knowledge on these points. The historical sketch of medical progress—110 pages—has not been translated, as it would add to the bulk of the work without any corresponding advantage.

The thanks of the profession are due to the translator, Dr. D. F. Lincoln, for the excellent judgment and accuracy shown in his part of the work, while the publishers are deserving of great credit for affording the American reader an opportunity of consulting this valuable treatise at an expense that is so small as to be merely nominal.

THE NORTH AMERICAN REVIEW. Edited by Allen Inorndike Rice. Monthly, \$5 per year. New York: D. Appleton & Co., 1, 3 and 5 Bond street.

We wish to call the attention of our readers to this ancient and honorable journal, which has nearly completed its sixty-sixth year of publication and gives every sign of a more vigorous life to-day than at any period of its existence. From the ponderous quarterly of former times it has emerged into the monthly stage of activity, and with a corps of writers unexcelled in ability it is sure of increased success.

In the September number was commenced a series of articles of extraordinary interest to every American. An expedition, under the leadership of M. Désiré Charnay, is now in Central America engaged in a thorough exploration of the wonderful remains of pre-historic art found in such abundance in that little-known region and in the adjoining states of the Mexican republic. The *North American Review* has been selected as the medium for making the discoveries of this expedition known. The articles, thus far, are written in a most pleasing style and are fully illustrated from

photographs taken directly from the monuments. These articles, of themselves, are worth more than the subscription price.

The *Review* does not limit itself, however, to archæology. Questions of finance, theology, science and politics (all sides are represented), education, law and medicine are discussed with freedom in its pages, while intelligent critiques upon all prominent literary and artistic works are among its most striking features.

In the November number we find the following papers, the titles of which will give an idea of the work as it appears from month to month: The Monarchical Principle in Our Constitution, by W. B. Lawrence; The Advantages of Free Religious Discussion, by Bishop W. C. Doane; The Republican Party as it Was and Is, by Montgomery Blair; The Ruins of Central America, Part III, by Désiré Charnay; The Nicaragua Route to the Pacific, by Rear Admiral D. Ammen; The Coming Revision of the Bible, by Rev. Dr. Howard Crosby; Recent European Publications, by Prof. T. F. Crane; The Political Situation from a Financial Stand-point, an Address by E. D. Morgan, J. J. Astor, Hamilton Fish, and others.

After a careful and impartial survey of these articles, we have no hesitation in giving the old *North American* our hearty commendation.

INDEX-CATALOGUE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE, UNITED STATES ARMY. Authors and Subjects. Vol. I. A—Berlinski. 4to. pp. vi-888. With a list of abbreviations of titles of periodicals indexed. Washington: Government Printing Office. 1880. From Surgeon J. S. Billings, U. S. Army.

The profession of the country must be congratulated upon the appearance of the first volume of this most magnificent work. The Surgeon-General's office now has one of the largest, if not the most extensive, medical libraries in the world, and each year brings large additions to its stores. Without a catalogue this mine of knowl-

edge would be practically useless. For several years Surgeon J. S. Billings, U. S. A., has been engaged in preparing this most elaborate and essential work. Through his unconquerable energy and and perseverance it has been possible to issue this, the first of ten or twelve volumes of index. It is through his persistence and individual efforts that the work now approaches completion. Congress has given, reluctantly and tardily, the funds necessary to publish the catalogue so far, and it must be spurred to do more and more by the constituency of each member until the entire work is given to the profession.

The following paragraph from the introduction will give some idea of the extent of the work involved in issuing such a volume:

"The present volume includes 9,090 author titles, representing 8,031 volumes and 6,398 pamphlets. It also includes 9,000 subject-titles of separate books and pamphlets, and 34,604 titles of articles in periodicals."

About thirty-nine pages are devoted to an index of anatomy and anatomical subjects, over thirteen to so recent subjects as anæsthesia and anæsthetics, over thirty-six to amputations, six to the air passages and their diseases, etc.

It should be remembered that every American physician as access to this wonderful store of medical knowledge, and under proper conditions, can have any book or paper contained therein sent to him for his use in preparation of a book or paper, or for his own information. Every medical man has, therefore, a personal interest in the library and its catalogue, and is under obligations to Dr. Billings for his great services.

GEO. P. ROWELL & Co's AMERICAN NEWSPAPER DIRECTORY, containing lists of all the newspapers and periodicals published in the United States, Territories and the Dominion of Canada, together with a description of the towns and cities in which they are published. New York: Geo. P. Rowell & Co., publishers. 1880. We were obliged to omit a notice of this

very important publication from our last number on account of the crowded state of our columns. The delay has enabled us to give it a more thorough examination, so that, perhaps, the omission has been beneficial to all parties concerned.

The Directory appears to us to be as nearly correct as it is possible to make such a work. We find the names of a few journals which have suspended still among those flourishing, while some are credited with circulations perhaps a little less than they can justly claim. Such errors are unavoidable in a work of this character and should not be permitted to work it any injury.

On the whole, it bears evidence of great labor, carefully and conscientiously performed. Advertisers very generally accept its statements as authoritative, and they are certainly able to judge of this matter. We give Messrs. Rowell & Co. no advertising patronage and have received none from them, hence our opinion is certainly without bias. We give the Directory a cordial endorsement.

CONSPICUOUS OF ORGANIC MATERIA MEDICA AND PHARMACAL BOTANY, comprising the Vegetable and Animal Drugs, their Physical Character, etc. By L. E. Sayre, Ph. G. 8vo. pp. 220. Detroit: Geo. S. Davis, Medical Book Publisher. 1880. Cloth, \$2 00.

Some time since we spoke well of this aid to the student. It is fairly accurate and will be found very convenient for reference.

A NEW SCHOOL PHYSIOLOGY. By Richard J. Dunglison, A. M., M. D., Author of "The Practitioner's Reference Book," etc. 12mo. pp. 314, with 117 engravings. Philadelphia: Porter & Coates. From the Publishers.

A well-written book, well adapted for the purposes for which it is intended. We find nothing specially "new" in it, however, except the manner of presenting the various subjects. We understand that it has been adopted as a text-book by several school boards.

LITERARY NOTES:—

BARTHOLOW'S PRACTICE is having an immense sale, as it has no competitor in its peculiar field. Flint's Principles and Practice of Medicine, new edition, will soon appear to divide favors with it. No library is complete without both works.

MESSRS. HENRY C. LEA'S SON & Co., of Philadelphia, announce new editions of Thomas' great work on Diseases of Woman, Taylor's Medical Jurisprudence, Bryant's Surgery, Richardson's Preventive Medicine and a new work by Professor Bartholow on medical electricity, will be issued in a short time.

SCIENCE, a purely scientific weekly journal, designed to fill the place in America now occupied by *Nature* in England, is a publication that we can heartily recommend. It is published by John Michels, at 229 Broadway, New York. Subscription, \$4 per annum. We can furnish it with the CLINICAL RECORD at \$5 25 a year.

THE St. Joseph *Medical and Surgical Reporter*, a monthly journal, devoted to Western medicine, a small octavo of thirty-two pages, edited by J. P. Chesney, M. D., is the latest addition to our exchange list. It is very pungent in its criticisms and shows marked ability in its editor and corps of contributors. Terms, \$1 a year. We wish it success.

THE *Medico-Chirurgical Quarterly*, an octavo of ninety-six pages, edited by John Butler, M. D., has made its appearance as successor to the *American Journal of Electrology and Neurology*, to which it bears a strong resemblance. We suspect that this recent effort to found a journal open to all the so-called "schools" in medicine will also fail. Terms, \$3 a year. Address the editor, at No. 102 East 22nd street, New York.

Two numbers of the *Specialist and Intelligencer*, a monthly journal of medical science, devoted specially to the publication

of original and selected articles on diseases of the eye, ear, throat and skin, venereal diseases, etc., including reports of societies, home and foreign news, and other information connected with these specialties, and to a complete record of medical literature, book reviews and criticisms. A large octavo, of sixteen pages, edited by Charles W. Dulles, M. D., and published by Presley Blakeston, 1012 Walnut street, Philadelphia. It contains a large amount of valuable information and is well worth the price, \$1 50 per annum.

AN alleged medical journal, published somewhere in Missouri, in a recent abstract of an article on strychnia poisoning, refers to "artificial blood." From its moribund appearance, we judge it will require a dose of "artificial blood," squeezed from the unwilling pockets of its "stockholders" to take it through the winter. If "artificial blood" is not exactly a literary subject, it isn't our fault.

BOOKS & PAMPHLETS RECEIVED.

A TREATISE ON THE DISEASES OF THE EYE. By J. Soelberg Wells, F. R. S., Prof. of Ophthalmology in King's College, London, Etc. Third American, from the third English edition, with copious additions, by Chas. Stedman Bull, A. M., M. D., Surgeon and Pathologist to the N. Y. Eye and Ear Infirmary, Etc. 8vo. pp. 895. Illustrated with 254 engravings on wood and 6 colored plates, together with selections from the Test-Types of Prof. E. Jaeger and Prof. H. Snellen. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: Book & News Co. Cloth, \$5.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By Frank Hastings Hamilton, A. M., M. D., LL D., Surgeon to Bellevue Hospital, New York, Etc. Sixth American Edition, Revised and Improved. 8vo. pp. 909, illustrated with 352 wood-cuts. Philadelphia: H. C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Printing Co. Cloth, \$5 50; Sheep, \$6 50; half Russia, \$7.

A TREATISE ON THE PRACTICE OF MEDICINE. for the use of Students and Practitioners. By Roberts Bartholow, M. A., M. D., LL. D., Prof. of Materia Medica and General Therapeutics in the Jefferson Med. College of Philadelphia, Etc. 8vo. pp. 853. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1880. St. Louis: Book & News Co. Cloth, \$5.

THE ART OF PROLONGING LIFE. By Christopher William Hufeland. Edited by Erasmus Wilson, M. D., author of "A System of Anatomy," Etc. From the last London Edition. 12mo. pp. 298. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: Book & News Co. Cloth, \$1.

WHAT TO DO FIRST, in Accidents or Poisoning. By Chas. W. Dulles, M. D., Surg. Reg'r to the Hosp. of the Univ. of Pennsylvania, Etc. 16mo pp. 64. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents.

AMERICAN HEALTH PRIMERS:—X & XII.

THE SKIN IN HEALTH AND DISEASE. By L. Duncan Bulkley, M. D., Attending Physician for Skin and Venereal Diseases at the N. Y. Hospital, Out-Patient Department, Etc. 16mo. pp. 148.

SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M. D., Chairman Dep't of Health, Social Science Association. 16mo. pp. 152. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents each.

WOOD'S LIBRARY, VI:—

DISEASES OF THE PHARYNX, LARYNX, AND TRACHEA. By Morell Mackenzie, M. D., Lond., Senior Physician to the Hosp. for Diseases of the Throat and Chest, Etc. 8vo. pp. 440. New York: Wm. Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, 514 Olive st., sole agent. Sold by subscription only. In cloth, \$1 25.

HYGIENE AND TREATMENT OF CATARRH. PART I. Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. By Thos. F. Rumbold, M. D. 12mo. pp. 174. St. Louis: Geo. O. Rumbold & Co. 1880. H. R. Hildreth Printing Co. Cloth,

NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY. Boston: Tolman & White, Printers, 883 Washington st. 1880.

TRANSACTIONS of the Medical and Chirurgical Faculty of the State of Maryland. Eighty-second Annual Session. Held at Baltimore, Md., April, 1880. Baltimore: J. W. Borst & Co. 1880.

TRANSACTIONS of the State Medical Society of Arkansas, at its Fifth Annual Session. Little Rock: James Mitchell. 1880.

SEVENTEENTH ANNUAL REPORT of the New York Society for the Relief of the Ruptured and Crippled. May, 1880. New York: L. H. Biglow & Co. 1880.

THE WESTERN FARMER OF AMERICA. By Augustus Mongredien. London, Paris and New York: Cassell, Petter, Galpin & Co. 1880.

REPRINTS:—

The Present State of Ophthalmology (Transactions Ill. State Med. Society, 1879).
 —Report on Otology Same Transactions)
 —Strabismus, its Nature, Causes, Effects and Remedies (*Chicago Medical Gazette*, Jan. 1880)
 —Modifications in the Method of Treating Chronic Non-suppurative Inflammation of the Eustachian Tube and Middle Ear (Transactions International Med. Congress, 1876)
 By S. J. Jones, A. M., M. D., Professor of Ophthalmology and Otology in the Chicago Medical College—Sympathetic Affections of the Eye. By C. J. Lundy, M. D., (*Leonard's Ill. Med. Journal*, July, 1880)
 —The Treatment of Post-Partum Hemorrhage. By Geo. J. Engelmann, M. D. (Transactions Southern Ill. Med. Association, 1880)
 —Mechanical Treatment of Cystocele and Procidentia Utero. By Eugene C. Gehring, M. D. (*Amer. Jour. of Obstetrics*, July, 1880)
 —Lacerations of the Neck of the Uterus. By A. Reeves Jackson, A. M., M. D. (*Amer. Practitioner*)
 —Pregnancy Vomiting. By J. Marion Sims, M. D., LL. D. (*Archives of Medicine*, June, '80)
 —Internal Urethrotomy. By Ambrose L. Ramsey, M. D. (*N. Y. Med. Journal*, Aug. and Sept. 1880)
 —Diagnosis of Malignant Tumors of the Upper Jaw in Youth. By L. McLane Tiffany, M. D. (Transactions Medical and Chirurgical Faculty of Maryland, 1880)
 —Suggestions for Improvements in the Manage-

ment of the Insane and Hospitals for the Insane in the State of New York. By Wm. A. Hammond, M. D.—Lunacy Reform IV—The Right of the Insane to Liberty. By E. C. Seguin, M. D. (*Archives of Medicine*, Aug. 1880)—Fortieth Annual Report of the Crichton Royal Institution and Southern Counties Asylum, for the year 1879—What has been done in the Asylum Association in the Interest of Scientific Psychiatry? By Edward C. Spitzka, M. D. (*Chicago Med. Gazette*, June 20, 1880)—A Reply to Criticisms on "The Problems of Insanity," with remarks on the Gosling Case. By Geo. M. Beard, A. M. M. D.—What Constitutes a Discovery in Science. By same author—Anæsthesia by Ethyl Bromide. By H. Augustus Wilson, M. D. (*Med. and Surg. Reporter*, Aug. 7, 1880)—Note on the Alkaloids of Cinchona. By Benj. Lee, M. D.—An Address on the nature of the Science and Art of Medicine and their Relations to the Various Important Interests of the People. By N. S. Davis, M. D., LL. D. (*Chicago Med. Jour. and Examiner*, May, 1880)—Histology of the Blood-vessels. By E. C. Wundt, M. D. (*N. Y. Med. Journal*, July, 1880) Peptonized milk as a Food for Infants and invalids. By R. J. Nunn, M. D. (*Am. Jour. of Obstetrics*, July, 1880)—On Occipital Headache as a Symptom of Uræmia (*Archives of Medicine*, August, 1880)—Report of one of the Delegates of the American Medical Association to the Foreign Medical Organizations, 1879–1880, on the Metric System. By Edouard Seguin, M. D.—Fibro-Sarcomatous Tumor of the Uterus; Operation, Recovery. Cancer of the Rectum; Excision, Recovery. By John Byrne, M. D., M. R. C. S. E. (*The Annals of the Anatomical and Surgical Society of Brooklyn*)—Clinical Notes on the Elongations of the Cervix Uteri. By Wm. Goode'll, M. D. (Vol. IV, Gynecological Transactions)—Coccygodynia. By Edward W. Jenks, M. D., LL. D. (*N. Y. Medical Record*, April 17, 1880)—Modern Abuse of Gynecology. By Clifton E. Wing, M. D.—Twenty-fourth and Twenty-seventh Annual Reports of the County and City of Worcester (England) Pauper Lunatic Asylum—Thirty-seventh and Thirty-eighth Missouri University Catalogues, 1878–'79

and 1879–'80—Twelfth Annual Report of the N. Y. Orthopedic Dispensary and Hospital (for children with spine and hip diseases)—Second Annual Report of the Presbyterian Eye and Ear Charity Hospital, Baltimore, 1879—Fourth Annual Report of the Wisconsin State Board of Health, 1879.

Miscellaneous Notes.

TREATMENT OF HIP DISEASE.—Dr. E. H. Bradford, (*Boston Medical and Surgical Journal*, Volume 103, No. 20) gives the following important points: Beside the necessity of improving the patient's general condition, it is important:

1. To prevent jar and injurious motion of the joint:
2. To overcome muscular contraction.
3. To prevent and correct deformity.

Extension is to be regarded as a means of overcoming muscular contraction, for partial fixation of the joint, and under certain conditions, for "distraction," or actual separation of the bones forming the joint.

THE International Medical Congress will hold its seventh session in London, England, from Wednesday the 3rd to Tuesday the 9th of August, 1881, including both days. It will be necessary for all who wish to make communications to the Congress to intimate their intentions to the secretaries of the several sections and to furnish abstracts of their papers before the 30th of April, when the committee hope to complete the arrangements for the meeting and to issue a programme of the business. All communications should be addressed to William MacCormac, Esq., Hon. Secretary-General, 13 Harley street, London, W.

THE WILLIAMSON SHOULDER-BRACE appears to us, after careful examination, to be the best appliance for all the purposes for which such an apparatus is required, that we have ever had brought to our attention. Shoulder-braces are merely temporary aids, enabling the wearer to retain a correct position until the proper muscles can be developed by exercise so as to no longer call for such supports. Mrs. Williamson has perfected this appliance; it is light, strong and effective. Nothing more could be asked of such an instrument.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, DEC., 1880.

NO. 9.

Original Communications.

**MONOMANIA, OR "PRIMÆRE VERRUECKTHEIT."*

BY EDWARD C. SPITZKA, M. D.,
Late Professor of Comparative Anatomy and Embryology, Columbia Veterinary College; Curator and Pathologist to N. Y. Medico-Legal Society;
W. and S. Tuke Prize Essayist;
Hammond Prize Essayist.

While the question of a proper classification of insanity is assuming a definite phase in Middle Europe, it is, in the English-speaking countries, still in a very chaotic state. Nothing could illustrate better the defects in our system than the single fact that English scientific language contains no equivalent for many of the best clinical terms adopted by German and Austrian alienists. It is my purpose, to-night, to endeavor as briefly as possible to demarcate one of those chronic insanities whose victims furnish a considerable quota to our chronic asylum population. This particular form presents so many interesting psychological and medico-legal features, that it will be impossible to more than indicate the outline of the subject to-night.

I may be permitted, before proceeding to the subject proper, and laying down such accepted dogmas as I think I may be able to defend, to take haphazard from practice, a few cases which illustrate the necessity of the proposed classification:

I.—I am called to see a young lady by her relatives, who give me a history of a

disappointed affection as the starting point of her insanity. In order to see the patient I am compelled to resort to strategy. Having accomplished my purpose, I am, however, received in a lady-like manner. Excepting the expression of her face, there is nothing about the patient to indicate insanity for the first half hour of our conversation. She avoids entering on the discussion of any subject which might lead to the discovery of delusions or hallucinations. Finally, after much cross-questioning, I ascertain that her sleep is much disturbed, and that her relatives annoy her, but she adds that the latter complaint is probably based upon her own misinterpretations. Prompting from the relatives elicits the fact that she has, in the past, complained of objects being placed in her bed to prevent her from sleeping, and having once announced this fact, she defends it energetically and adduces a number of circumstances to prove that she was correct, such as that she once found a bottle of Lyon's insect powder in her room (where it had probably been left by the servant girl), and that there was a decided odor of tobacco throughout the house. I am informed that she will always sit in that part of the room furthest removed from the window, and on requesting her to step to the window, she obstinately refuses; on my opening it and preparing to throw wide the blinds, she manifests the greatest uneasiness. After considerable fencing, she confesses that she is afraid to approach the window because she may see passing, a certain young man, who, she now admits to me, gave her no occasion for considering him as her admirer, and that she has seen him pass by (indistinctly, it is true), when, as her relatives inform me, this individual is not in the city at the time. For the same reason she refuses to go on the street. Her cranium differs in shape from that of other members of the family with one exception. The

*Read before the New York Neurological Society, Nov. 5th, 1880.

family head, on both the paternal and maternal side of the house, is large and brachycephalic; that of herself and of one brother is small, below the average and dolichocephalic. That brother resembles her in features, in the very deep tint of the skin, and seems of a gloomy disposition, such as is not infrequently found in otherwise sane members of families exhibiting the hereditary taint. There is, however, no ascertainable evidence of heredity. The treatment, which consists in a regulation of the somatic functions, and which, under previous physicians, she had repudiated, I induce her to submit to by making her affirm the resolution which, on former occasions, she had expressed deceptively, by giving her word of honor. She adheres to this faithfully. As I anticipated, the improvement of her physical health is not accompanied by a corresponding amelioration of her mental state, and it is found necessary to commit her to an asylum. When the second physician, required by law, arrives to make his examination, and announces that I have sent him, she says that she is convinced that I am a lawyer, because no physician would have drawn her innermost secrets from her as I had done.

II.—I am called to examine a lady, aged about forty-four. I am induced to see her by a relative who is a physician, and she receives me without reserve. In contrast with the last case, she exhibits considerable volubility, the great difficulty in her examination is to keep her to the line of inquiry adopted, as she manifests a tendency to wander off to other topics. She also exhibits marked insanity of manner, and by the time I am compelled to break off the two hours' interview, she has worked herself to a pitch of excitement and become vituperative in regard to her husband, accusing him of the worst crimes. She is theatrical in her language, in her attitude and gestures, uses long words, extracts from celebrated works of fiction, and gives a highly colored account of her intimate relations with the Minister of War, high military officers and the higher aristocracy while in Vienna, her native city. Her own statements reveal that these intimate relations consisted in her leasing her husband's villa to the former, in bringing one of her sons to a military school under the control of the higher military officers mentioned, and in subscribing with several ladies of the aristocracy to some charitable industry. From

her husband's account it is evident that the patient has always manifested a longing to enter the higher walks of society, and has attached great importance to the most trivial transactions between members of the aristocracy and herself. The noticeable outbreak of her mental disorder occurred in Vienna seven years ago, after her husband lost something like a million florins in real estate speculation. At that time an electrotherapist treated her with castoreum and told the husband that the disorder was nervousness. She was also examined by Leidesdorf, but his opinion had not been satisfactorily recollected by the husband. She at that time had nocturnal hallucinations and marked delusions. On coming to this country she became quieted, though numerous documents dating from this period attest that she still entertained ideas that her husband had wronged her financially and in his marital relations. A year ago she went to Hamburg with about two thousand dollars worth of jewelry which, as she remarked with an affectation of cunning, she had entrusted to the purser of the vessel without a receipt or other voucher, in order that her relatives might not get hold of it. In Hamburg she discovered that her son-in-law robbed her and his wife of money and other objects, and it appears that she was confined for six weeks in the insane asylum. She has frequently, within the last year, entered her husband's place of business and, in presence of customers, accused him of the foulest crimes, of having hired a prostitute the first night of their marriage, of having stolen her patrimony to purchase an order of the government, and finally proceeds to indict her whole family, with the exception of one son and a nephew, as being engaged in a conspiracy against her. The son in question presents insanity of manner far more strikingly developed than his mother, is conceited, arrogant and excitable, cuts his father short where he gives me the hereditary history of the family and behaves altogether in such a manner that I am compelled to inform him that it will require the greatest care on his part to avoid following in his mother's foot-steps. This evidently produces a good effect, he ceases to agitate against his mother's examination by a second physician, and is duly asserted by her to have joined the conspirators. The nephew is a weak-minded young man, and the evident tool of his intellectually vastly

superior aunt. She has instructed him to put the brakes on when she is excited, for he takes away a document which she is about to present to me, and which a glance shows to be a characteristic production, being full of under-lining marks, exclamation points and other symbols. From receiving me in the capacity of a physician to treat her "nervousness," which she evidently has done merely to introduce the subject of her alleged wrongs, she begs me to take charge of her matters in the capacity of a legal adviser. Her memory is excellent, her judgment on all matters not connected with her delusion is sound, and even brilliant. In this respect corresponding to the other patient's here spoken of. Aside from her son and nephew, on both of whom heredity has set its stamp, she has a brother dying with paralytic insanity at an Austrian asylum, a sister affected with similar symptoms to her own in another institution, and an uncle also deceased in an asylum. After my visit, she becomes more and more excited, keeps the neighbors awake at night with her declamations, and when the second physician comes to examine her, she spits in his face.

III.—A patient who lived in an asylum about four years ago, where I saw him, and who is now at liberty and engaged in scientific pursuits. He has written at one period of his life a book, which I shall pass around among the members. It is the finest specimen of the writings of this class of the insane that I have yet seen. This patient made an invention which is adopted in our navy, and also in that of Great Britain.

In the year 1872 he published the aforesaid work, a pamphlet of seventy-four pages, entitled "Tidings from Beyond." I was fortunate enough to receive a copy of this interesting and characteristic production. The title page, whose text is subjoined, alone suffices for a diagnosis:

"If this work be of men it will come to naught, but if it be of God ye cannot overthrow it, lest haply ye be found even to fight against God.—Acts v, 38, 39.

TIDINGS FROM BEYOND.

Inspiration of

The Bible Vindicated.

The truth of the cardinal tenets of the orthodox faith as interpreted by science.

Prof. Tyndall's 'Prayer Test' conditionally accepted.

Remarkable communications from 'loved ones' in the Life Beyond. The 'LORD'S

PRAYER' as given by the Angels, also 'OUR FATHER' in many tongues. Inspirational Paraphrase on the RICH MAN and LAZARUS.

THE ANGEL BIRD'S ANTHEM.

THE WORLD'S JUBILEE.

ALSO A NEW COVER FOR THE SACRED SCRIPTURES FOR THE CONSIDERATION OF THOSE WHO SELDOM INQUIRE WITHIN.—[SEE THE FOURTH PAGE OF THIS COVER]."

A much more complicated second title page, written in no less than three languages (Greek, Hebrew and English), follows the above. The work is dedicated to the Queen of England in a letter to Rajah Rammohun Roy (in spirit life). The latter, a Hindoo scholar, having at one time of his life dedicated a translation from the Sanscrit to the Marchioness of Hastings, the author asks his (Rammohun Roy's) permission to dedicate "Tidings from Beyond" to Queen Victoria, and obtained this permission in the following answer, "received through J. V. M——d, spontaneously in the presence of the Rev. Thomas G. F and five others, including the writer:"

"My dear Charge: I feel honored with [the] compliments you lavish upon me, I only hope I am deserving [of them]. Doctor, I have looked your remarks over and over—all is satisfactory—in short, allow me to say, you have my consent to follow out your impressions."

"Dedicate that work to the QUEEN OF QUEENS."

"ENGLAND'S QUEEN."

"HER LAST AND BEST."

"R. ROMMOHUN ROY."

"To ———"

Then follows an extract from the Rajah's works, introductory remarks, and a number of letters from "Spirit Land." Some of these are from his daughter, others from his mother-in-law, and some from different associates, particularly from one whom he accuses of an attempt to steal his "patent," but who, recognizing the wrong done after his death, enters into a very friendly correspondence with the author, among other things, composing a Masonic song for his edification.

Interspersed with these are mathematical representations of the duration of the universe according to the Hindoo theology and explanations of various religious emblems, also a "Biblical prize enigma." The Apocalypse seems to have furnished the author with the most congenial field of study.

The second part of the volume opens with the "ANGEL BIRD'S ANTHEM," the anthem proper being preceded by a zoological description of the Angel Bird, or *Chasmorynchus nudocollis*. Then follows, without any link of connection, a long article on Professor Tyndall's Prayer Test, succeeded by a new "Lord's Prayer of the Angels," given, "indirectly," through his deceased insane daughter, and the original Lord's Prayer in English, Choctaw, French, German, Latin, modern Greek, Spanish, Italian, Portuguese, Cherokee, Russian, Mexican, Hebrew, Irish, modern Ethiopic, Low German and Chinese. The "World's Jubilee," a remarkable poem, with nearly every other stanza in capitals or italics, is printed on one page with an autograph of his daughter from "Spirit Land." The next poem is entitled "Chingo Chingo Lingo Link," and contains nearly as many exclamation points, upright and reversed, dashes and other symbols as it does letter type.

Under the head of concluding remarks, the following merits notice:

"The 'Doctor L——' who is referred to in the letter with apparent sentiments of reproach, was, to my wife, an uncle by marriage, and through him I was introduced in her family previous to marriage. During many years, and up to the time of his death, I regarded him in the light of an esteemed personal friend, and fully believing him to have been cruelly persecuted by every member of his wife's family, I took sides with him, decidedly against them; which circumstance, coupled with their blind bigotry and disgusting fanaticism, caused me to keep aloof from them during nearly the entire life of my daughter. Finding it out of the question to educate my two children outside of such family surroundings of rustic stupidity and blind prejudice, in which I had found my invalid wife congenitally and incurably saturated; for many weary years I strove to forget I was either a husband or a father. As she emerged into womanhood my darling daughter, as little as she had been with or seen me, *felt* that she knew I dearly loved her:—but ah, not how well did she know that truth, till she beheld it with angelic eyes.

My mother-in-law, who was, in fact, the head of her family, which consisted of my wife and her four brothers, was possessed by nature with a high order of intellectual endowments, and at heart was a conscien-

tious and sincere Christian woman: but those Satanic jackals so plentifully found among the unregenerated patrons of the clergy—those sanctimonious dispensers of godliness through envy and strife—those blind guides and false teachers who sow tares wherever wheat is to be found, had gained an ascendancy over her better judgment and reason; and the essential Christian duties towards her family were neglected and ignored, while devoutly substituting a blind and delusive faith in fruitless forms, idle ceremonies and soul-debasing doctrines. The unfortunate result of these circumstances was the deprivation of those educational advantages to her children which they might otherwise have possessed, and which they now see and feel most keenly.

And in how many similar cases may we witness the baleful influence and withering effects of the 'say-and-do-not' teachings of those outwardly sanctimonious hypocrites who make a speculation of religion in fraudulently assuring salvation to their fellow beings, through the assumed efficacy of their pretentious piety and persistent prayers? It was in thus relying on the perversions of Scripture, through these wolves in sheep's clothing, that my good mother-in-law was caused to neglect those positive moral and social duties, to the detriment of her dear ones, the omission of which she mournfully and sorrowfully reflects back from the gateway of the tomb.

During one of those periodical brain-twisting 'revival seasons,' when so frequently the pure leaven of regeneration is diabolically tampered with, as a means of proselyting to perverted doctrines and credendal formalities, the sensitive nature of my daughter was so intensely wrought upon by the fanatical mystagogues of the ceremonies, that her mental and physical system received a cruel shock, which was the primary cause of carrying her to an untimely grave."

This is succeeded by a letter to the "diabolian and antimonian Baptists of New Jersey," a reprint from a controversial pamphlet and some comments on the latter concludes thus: "However, my feelings were of the most sombre hue, as will be more readily understood by presenting a serio-comic epitaph which I chalked out impromptu after a restless night of revelry, as the only desired ornamentation for my tombstone:

'EPITAPH.

HIO-HIO-JACKET,
 Here lies QUIDEN J—;
 Here let him lie.
 One right on earth he only claimed—
 THAT WAS THE RIGHT TO DIE!
 He went to bed with a pain in his head,
 And when nigh dead he calmly said,
 IN GOD I PUT MY TRUST;
 My life has been a bust,
 And now I go to dust—
 Or the devil, if I must—
 But pray—what is that to you Sir?
 PASS ON!

A few days after, while putting these hotch-potch lines in type, which I kept for my especial gratification and amusement, a very rare and unexpected "experience" betook me, and, in fact, *shook* me. In setting up the line,

'That was the right to die,'
 and while adjusting it in the printer's 'stick,' although no person was present or in hearing, as often as I read the line,

'That was the right to die,'
 some unseen 'rhymster,' with dulcet voice and silvery cadence, volunteered an additional line, which was distinctly in these words, and nearly ever after the same:

'Truth echoes back—Oh! how—you lie!'

From the sequel it is evident that this patient had been an opponent of spiritualism and written a pamphlet entitled "Knockings Exposed," when the hallucination above mentioned by himself occurred and diverted him possibly from suicide and made of him an advocate of spiritualism.

On the 66th page he glosses over a past asylum sojourn in these words:

"Soon after returning to Washington, circumstances occurred over which I choose to throw the veil of silence for the present. Suffice it for the nonce, that I was *rendered* very ill, and nigh unto death, through circumstances which I will endeavor to fully explain when I publish what I know about lunatic asylums and their inmates, and especially those 'running' such hell-pens inside and out."

The author displays a business tact for which he was noted in other fields, in a foot-note to some poetry sent by some children from spirit land, who request him to publish their poetry, and if any expense attaches to that publication, to call on their father at the "bank." The note reads: "Bless their angelic hearts, I am devoutly thankful not to be obliged to resort to such a hopeless contingency."

The work concludes with an explanatory note intending to prove the genuineness of a communication from Charles Dickens and an appendix dealing with his patent automatic process for the continuous displacement of foul air and bilge water on vessels while at sea, as well as an anecdote of Queen Victoria's childhood and a defense of the Secretary of the Navy, Mr. Robeson, against charges of interested motives said to have been potent in securing the adoption of the patented process aforesaid.

Aside from the proposed Bible cover printed on the back page, the pamphlet contains other projects, two "prayer tests" to be placed over the head of each bed in the hospitals, and a "sacred symbol," combined from a cross and a mason's square.

If we cast a glance at the literature with special reference to such cases, we will find that even the popular mind appreciated in a crude way the distinctness of the morbid ideas of such patients from the ideas of those suffering from other types of insanity. The English word, "cracked" aptly expresses the fact that there is but a flaw, not a destruction of the understanding, such patients have neither been termed "fools," "melancholiacs," nor "crazy," where language has been used accurately. From time immemorial the Germans have employed the equally expressive term of "fixe idee" to designate the delusions and projects which are so prominent a feature of this insanity, and the term "primaere Verruecktheit," now employed by such authorities as Meynert, Krafft-Ebing, Schuele and Sander is derived from the vernacular term "verrueckt," which is merely an equivalent metaphor to "cracked."

Esquirol was the first to propose a term for such insanities, he selected the word monomania, in order to denote by the term itself, that in contradistinction to other forms, this was a partial insanity. Prichard has interpreted this term as meaning a partial insanity in which, owing to some special erroneous idea or illusion there was a partial aberration of judgment, and others have made similar misconstruction of Esquirol's meaning.

There are few instances in the history of psychiatric classification, where a happier and deeper insight has been shown, than where Esquirol recognized the essentially distinct character of the monomanias from all other forms of insanity. That he misapplied it in some instances, that it has been carried to absurd extremes in others by his successors and cotemporaries, and that he failed to recognize certain now well known characters of that disease does not in the slightest detract from the value of the term which he proposed.

The great error into which Esquirol and his followers had fallen, was the creation of a number of forms of monomania in which the single symptoms of various forms of disease were confusingly combined. Thus "pyromania" might include progressive paresis with incendiarism, as well as incendiarism under impulse, although now that term is properly limited to the latter condition. The creation of new forms of monomania went so far that we even had a gamomania, to denote an insane desire to marry. From the dignity of a disease term the name monomania sank to the level of a designation of the most trivial symptoms, and it is not to be marveled that the earlier English and German alienists, finding the term loaded with so much ballast should drop it altogether.

In the majority of modern French systematic treatises on insanity we find Esquirol's monomania represented by certain sub-groups, impulsive monomania, megalomania, religious mania and erotomania; few writers have inculcated as clearly as Marcé, the great common characters of all the monomanias. To the French, also, we owe what is perhaps the best term to designate some of these insanities, namely, "*La Folie systematisée*." While, without finding any exact formulation, the conception of the monomanias was well established in France, in Germany it was not until recently that a correct view was announced on this head. To Snell belongs the credit of hav-

ing first properly demarcated the systematized insanities, which he did under the term of "*Primaere Verruecktheit*." This term, subsequently sanctioned by Griesinger, Sander, Meynert and Kraft-Ebing has now fought its way to general recognition in Germany and Austria. The designation showing, on the one hand, that the insanity is primary and not secondary to any other form of insanity, and that it is characterized by a shifted logical association is an excellent one.

Now what term is used to designate this disease in English speaking countries as an equivalent for those which are employed on the continent?

In Bucknill and Tuke's work the views of Esquirol and Prichard (which may be now considered antiquated) are given with regard to monomania. The authors maintain considerable reserve in regard to this term, and neither accept nor reject it. In their own nomenclature it ranks as delusional insanity. This term fails to cover the disease I propose to consider to-night, for not all monomanias are delusional, nor is all delusional insanity monomania—far from it! Skae's etiological classification takes no cognizance of clinical symptom groups, probably most cases of monomania would come under his head of "*Idiopathic Insanity*."

Sankey, in his "*Lectures on Mental Diseases*," says, "The popular opinion about the existence of monomania, I need scarcely add, is a very erroneous* one. The French writers use the term "*monomanie*" in a much more restricted sense, but to avoid confusion, it is better to avoid the term altogether.

It is to be regretted that this author, one of the best and clearest of English writers on insanity, had not taken the trouble to investigate more closely to what patients the French apply the term monomania, and

* The recognition of this truth is the first step to a recognition of the correct scientific opinion of monomania.

in what sense they use it. If he had done so, and adopted their ideas, he would not have mixed up, on the very same page containing the quoted words, cases of the most widely differing forms of insanity. His group of the "Chronic Insanities" is about as well founded and as logical as would be a classification in ophthalmology of glaucoma, microphthalmus, retinitis, pigmentosa and cataract in one group of "Chronic Ophthalmia."

My special object in writing this paper was to meet the infantile and unfortunate view which is held by the majority of superintendents of asylums for the insane in this country. You will, over and over again, hear the cant indulged in at Utica, and repeated at the subsidiary depôts of that intellectual centre, that there is no partial insanity, that when one faculty of the mind is affected all fall, and its Superintendent, at a so-called lecture, one of the two in which he exhausts the subject of insanity, will point to a few patients suffering from mal-nutrition under the regime of our commissioners of charities and corrections, and with emphasis exclaim: "Gentlemen! you see these are sick men, and this must prove to you that all insanity is physical disease." This performance would not merit mention in this connection if it did not exemplify the views on mental science held by those who ridicule the idea of monomania, and if it were not supported by published statements from the same source, to the effect that mania and melancholia were the same psychologically as they were the same thing pathologically.

Rarely have I found the disciples of the New York asylums original even in their errors, and it appears that their condemnation of the term monomania is based upon a faithful perusal of a student's hand-book, a compilation of the most undigested kind, which constitutes their main-stay in classification and their book of reference when they are called on the stand as insanity experts. I refer to Blandford.

This writer is responsible for the following opinion, which, it is not saying too much, could never have been written if the author had studied and analysed his cases in the light of the teachings of the great masters of psychological medicine:

"Probably what is most commonly called monomania is chronic insanity where the patient is removed from deep depression on the one hand and gay or angry excitement on the other, and when the bodily health has assumed its ordinary level and all pathological marks have by time been effaced. The distinction between mania and monomania is for the most part verbal. Formerly all insanity was called melancholy, now-a-days it is spoken of as mania, and if chronic as monomania. There is nothing pathological in such a nomenclature, and it only serves to draw us away from the due consideration of that pathology of the disease we have to consider and treat. We may retain such terms as acute delirious mania, acute melancholia, acute dementia, general paralysis, because they denote a certain set of pathological symptoms occurring in individuals of various ages, requiring special treatment and capable of receiving a similar prognosis. We may, if we like, retain, retain besides the general terms mania and melancholia, but beyond this we need not go, any further distinction should be made, not according to mental peculiarities, but according to the pathological causes or conditions of the case."

It is quite evident, from the first lines of this extract, that this writer, if he had read a single treatise on insanity in the German or French languages published within the last ten years, failed in gathering the announced principles. The Germans make the sharpest distinctions between *primaere verruecktheit* and *secundaere verruecktheit*, two conditions which Blandford throws together. The former is known by the French as *monomanie*, and for it I propose the reestablishment of that term in the English language to-night the latter should be distinguished from it under the term, "chronic secondary mania."

It is also not true that "what is meant by monomania is chronic insanity where the patient is removed from deep depression on

the one hand and gay or angry excitement on the other;" some of the most violent scenes in the asylum corridor are enacted by these patients under the influence of episodic states known by the Germans as primordial deliria, by the French as "delire vesanique."

Nothing could be more absurd than the statement that monomania is "chronic insanity * * * when the bodily health has assumed its ordinary level and all pathological marks have by time been effaced." If we are to understand Blandford as meaning by "pathological marks," all the indications of the pathological mental state, then we must conclude that monomania and sanity are synonymous, for we have sanity when all the pathological marks of insanity are effaced! But if we are to understand him to mean by "pathological marks" the somatic signs of insanity, we can only conclude that he has involved himself in a profound contradiction with the best established facts of mental pathology. It was the great Morel who taught that what we propose to term monomania is frequently associated with somatic signs of degeneration; such signs are never obliterated, and it just happens to be characteristic of monomania that such somatic signs as it ever possesses are never, under any circumstances, effaced. This fact is accepted by v. Krafft, Sander, Meynert, Westphal, Schuele and, in fact, generally, throughout Germany and France.

In view of Blandford's fundamental misappreciation of the well-established principles of mental medicine thus exposed, it would be simply fruitless and superfluous to discuss such paradoxes as that the "distinction between mania and monomania is for the most part verbal," and that it draws us away from "the due consideration of that pathology of the disease we have to consider and treat."

I may be permitted to give a brief sketch of the class of patients for whose symptom group I defend the designation "monoma-

nia." I would say, also, that while on first sight this class will appear to include many and different manifestations of perverted mental action, it is now generally conceded that in their etiology and fundamental clinical characters they constitute a natural group. It is my purpose to show, on a future occasion, that they constitute a group pathologically as well.

These patients are kings deprived of their kingdoms; generals of armies, withheld from joining their forces in the field; princes who have been changed with menial children while in the cradle; inventors whose patents have been stolen from them; victims of systematized persecution either by human agencies, particularly the asylum authorities, or by devils who frequently select some of the viscera for the seat of their operations, or, finally, historical and sacerdotal personages. The delusions are expressed distinctly, with logical sequence; to the examining physician, inconsistencies are explained away; the patient's surroundings are taken into account in the framing of the delusions, which are not the creation of to-day, or of yesterday, but have slumbered and been developed and formed a part of his mental life for years. No competent observer could, for a second, confound these delusions with those of progressive paresis. If the parietic is a king, he will tell you in the same breath that his name is Christopher Pumpernickle or Patrick Sharkey, while the monomaniac (unless some cunning purpose of concealment be his object) will repudiate your calling him by his right name as an insult, or at least tell you, in correction, that the latter is only the asylum name, or the name given him by the people who stole him as an infant. The parietic is frequently an inventor, but, like a merchant from Chicago with this disease, whom I once observed at the Ward's Island Asylum, he has a patent billiard cue, the "patent" of which consists in a rubber tip, bringing him in fifteen thousand dollars a year, a "patent pocket knife" with four blades,

one of which is to saw with, which brings him in a few millions, or a patent watch which goes two days, and so on.²² The monomaniac is more or less expert at the branch of the arts to which his invention belongs. He is a mechanic, and will explain in skilled diagrams the principle of the electric clock or other complicated mechanism, the secret of which has been stolen from him or which he is too cautious to impart. Or he is a fair physicist and has invented a flying machine, and will construct something involving mechanical art, if you furnish him the materials, which a paretic could not do under the circumstances. If you place a paretic and a monomaniac, each having the delusion that he is a great general, and give both a map and pencil, to show what they would do if they had their troops, the former will scrawl hundreds of thousands, and millions and a million millions in figures representing men all over the map, and pretty soon forgets what number he started with, if not what side he is fighting on; the monomaniac, on the other hand, will exhibit a plausible scheme, and will manifest consistency and strategy in the movements of the figmentary hosts. The delusions of the paretic are often nothing but stupidly repeated organized lies and braggadocio.

The delusions of the monomaniac are what would be day-dreams in other people, but which have become fixed realities for the patient, owing to a *faulty cerebral association system* which permits collateral circumstances to act as supports for the patient's erroneous conception, instead of, as in healthy people, correcting them. Such a person escapes from an asylum, believing himself a king; he is not incarcerated there because he is a lunatic, but to permit a usurper to take his place. He shows as much cunning in obtaining material for disguise as a sane man could muster, rushes into the house of a poor man for concealment, addresses him, demanding protection, not as from one of his nobles who is

in the plenitude of power, but one of his faithful companions in exile and temporary poverty. The poor man rushes to the window to solicit the aid of the police, the monomaniac draws a knife and threatens to slay at least this one subject, if he will dare to sell his guest to the minions of the rival sovereign, then he resorts to argument, promises him treble the sum which the other king will give him for his betrayal if this subject will prove faithful to him; he then hears foot-steps, some one knocks at the door, and yelling that he has been betrayed he attempts to kill him.

The general intellectual status of these patients, though rarely of a very high order, is moderately fair, and often the mental powers are sufficient to keep the delusion under check for the practical purposes of life. While many are what is termed crotchety, irritable and depressed, yet the sole mental symptoms of the typical cases of this disease consists of the fixed delusions. Since the subject matter of the delusion is of such a character that these patients consider themselves either the victim of a plot, or as unjustly deprived of certain rights and positions, or as narrowly observed by others, delusions of persecution are added to the fixed ideas, and the patient becomes sad, thoughtful or depressed in consequence. Instantly the diagnosis of "melancholia" is made, because with most of our asylum superintendents depression means melancholia. Now such a case is no more melancholia than is dyspepsia. The patient is depressed *logically* as far as his train of ideas is concerned, and his sadness and thoughtfulness have causes which he can explain and which are all intimately allied with that peculiar faulty grouping of ideas which constitute the *rendezvous*, as it were, of all the mental conceptions of the patient. Nay, the process may be reversed, the patient beginning with a hypochondriacal or hysterical state imagines himself watched with no favorable eye. Because he is watched and made

the subject of audible comments (hallucinatory or illusional) he concludes that he must be a person of some importance. Some great political movement now takes place, he throws himself into it either in a fixed character that he has already constructed for himself, or with the vague idea that he is an influential personage. He seeks interviews, holds actual conversations with the big men of the day, accepts the common courtesy shown him by those in office as a tribute to his value, is rejected, however, and then judges himself to be the victim of jealousy or of rival cabals, makes intemperate and querulent complaints to higher officials, perhaps makes violent attacks upon them, and being incarcerated in a jail or asylum, looks upon this as the end of a long series of persecutions which have broken the power of a skilled diplomatist, a capable military commander, a prince of the blood, an agent of a camarilla, a paragon of some exalted personage, or, finally, the Messiah himself.

All through this train of ideas there is seen running a chain of logic and inferences; there is no gap anywhere. If the inferences of the patient were based upon correctly observed facts and associated with a proper correlation with his actual surroundings, his conclusions would be perfectly correct.

For years and years may such patients exhibit a single delusive idea as the only prominent symptom. One has, through evil influences, lost his manhood, his seminal discharges being drawn out through his nose. Another is pregnant with a child by God Almighty, and gestation is unnaturally prolonged, and so on. With regard to other matters, these patients present the ordinary reasoning powers, and one can only say that there is a flaw, a break in the logical apparatus, not an utter confusion as in the terminal incoherence of other forms, or an absolute loss of power as in the demented, imbecile and paretic.

I believe that we have disposed of most

of the objections advanced against the recognition of the term monomania as a legitimate designation for certain groups of insanity. There remains to be considered the single one, based on the etymology of the word. Strictly, monomania may be constructed as meaning a single mania, or insanity on a single topic. Based on this strict construction, authors have stated that there is no single mania, and that there is no insanity on a single topic, and this abjection must be sustained at least for the majority of cases. But in medicine we can not afford to be strict constructionists of terms to the extent of quibbling on the etymological signification of a prefix. On the same grounds we might show the terms insanity, mania, melancholia and hallucination to be improper and inapplicable. Yet they are sanctioned by usage, and like phthi is, tabes, hysteria, etc., against which terms the same objections can be urged, will remain in our nomenclature to the end of time. With the limitation that the prefix shall be accepted as denoting that the insanity extends in a special direction across the mental horizon the term may retain its place in our vocabulary.

The term chronic partial insanity which might be used in its place, is objectionable on the single ground that its use would necessitate the incorporation with monomania of moral insanity and folie raissonnante. The term "delusional insanity" is objectionable for the reason that delusions are not essentially features of all varieties of monomania, they may be entirely absent in that variety which is characterized by imperative conceptions.

The following reasons can be adduced for insisting on the term monomania as a proper one:

First, There is no other term in the English language that has ever been employed to cover all the clinical groups which are summed up by the French under the name "monomanie," and by the Germans under the head of "primaere verruecktheit."

Second, It was the first term employed to designate these groups.

Third, Snell, who has founded the distinction of "primaere Verruecktheit," states that "monomania" is an acceptable synonym.

Fourth, The designation, monomania, holds its place* in France to-day with the limitations we have adduced. It was in France that the term originated; that it has held its place for half a century in that country, is the best proof that it fills a gap which no other term fills.

Fifth, It is accepted and defended by the foremost writer on forensic medicine in this country.

It is as difficult to give a definition of monomania in a few words, as to give the characteristics of any other form of insanity in a single clause. It is altogether too complicated a symptom group to admit of a brief definition. It is a constitutional insanity, almost without exception hereditary, it involves the highest logical processes primarily, but does not warp them all equally or some of them, in fact, at all. In this respect it would appear to merit the designations of ideational and intellectual insanity proposed by Maudsley and Hammond. When we enquire more deeply, however, we find that here, as in every other group of mental disorders, attempts to classify the clinical forms according to metaphysical distinctions are predestined to failure. While the prominent feature of these insanities consists in a series of ideational aberrations, misconceptions, delusive interpretations, systematized sets of projects and actions, or, finally, a tendency to morbid speculation, yet we find that they are not free from anomalies of the perceptual sphere, nor altogether free from disturbances of the will power.

*The objections advanced by Ball are entitled to no consideration. There was no greater surprise for scientific alienists in France than when this physician, without any experience with the insane, was appointed to a professorship in that field. we can, therefore, ignore his recent diatribe.

The term, intellectual insanity, has not the advantage of age, it is based on a metaphysical distinction, it does not cover the ground of monomania, and it covers a great deal of ground outside of monomania. Except as a symptom designation, it is not, therefore, advisable in clinical psychiatry.

It is frequently urged that there are no natural groups in insanity aside from the paralytic insanities, inasmuch as there is no pathological basis for such other groups.

It might as well be urged that there would be no justification for distinguishing the dirty yellow jaundice of hepatic cirrhosis from the golden yellow jaundice of biliary obstruction, if the pathology of these distinct symptoms were unknown. It might be as correctly claimed, that there was no justification for distinguishing rheumatic neuralgia from hemicrania, or scotomata from hemiopia without structural lesions.

That the distinction of monomania as a symptom group is justifiable requires no further discussion. I have given reasons for considering this distinction as of high clinical and therapeutical value on another occasion. Instances occur every day where the grossest errors are committed in this direction, and prove the necessity of the discrimination urged. Not long ago a parietic was discharged from a private asylum at Philadelphia as cured, on the ground that it was merely delusional insanity. Countless are the cases where monomaniacs cunning enough to deceive the medical officers of asylums, have been discharged as cured, and in one such case within my knowledge, a patient of this class of the form known as impulsive monomania, discharged recovered, loosened a rail on the New Jersey Railroad and caused a train to be wrecked, fortunately without resulting in loss of life.

Nothing could be more important in regard to prognosis than to differentiate between cases of progressive paresis and monomania. The former, being a fatal affection, the latter not materially affecting the somatic health. In addition, the diag-

nosis is about as easily made as anywhere in the field of neuropathology. Yet, my friend, Dr. L. C. Gray, informs me that he recently had under his care, a typical case of megalomania with systematized delusions, which had been diagnosticated as paralytic insanity by an asylum superintendent.

I will not consider the subject of the pathology of this disease group to-night. I have, some three years ago, in an unpublished essay, expressed the view that its somatic basis consists in a teratological anomaly of the cerebral architecture, and that this, on the one hand, explains the hereditary nature of the affection, on the other, shows that it would be a waste of time to look for the basis of delusions, fixed ideas, and the episodic hallucinations in structural changes of the cortex.

It is desirable to study the relations of monomania to other forms of insanity which have certain characters in common with it. In fact it is impossible to arrive at a correct view of the position of monomania without regarding it in connection with the other hereditary and degenerative* mental states.

In examining those defective states of the human mind which are the frequent manifestations of an hereditarily transmitted taint, we find that they may be ranged in a serial chain whose links are constituted by different forms of mental alienation merging insensibly into one another.

One end of this chain is constituted by idiocy, the other by that perversion of the intellect which we are here studying under the name of monomania. On first sight these two conditions appear to be separated by an almost impassable chasm, and this, from a psychological as well as from a strictly somatic point of view. No greater contrast could be exhibited within the walls of an asylum than by placing side by side an idiot and a lunatic with systematized

projects and delusions; on the one hand we have a state characterized by an utter absence of every higher mental coördination, on the other, one which exhibits intricate and varied associations of the mental mechanisms, analogous to those of the normal mind; there we perceive usually on the first glance at the subject, the gross anatomical defect which is in such perfect parallelism with the mental hiatus evident, here we may fail, with our ordinary methods of study, to detect any deviation from the normal physical organization.

On examining, however, other cases of insanity, arising in the course of hereditary transmission, we find certain groups for which we are justified in claiming a place intermediate to that occupied by the two extreme forms. They are constituted by cases of imbecility with or without morbid impulsiveness and perversion of such mental coördinations as are still possible in these cases, and by others of primary delusional insanity with a prominent factor of weak-mindedness. On enquiring yet more profoundly into the mutual relations of the hereditary insanities, and including in our analysis those transmitted insanities associated with epileptic manifestations and those with moral imbecility, we will perceive that not only is there an uninterrupted single line of gradation running from idiocy to monomania, but that, in addition, if we may be permitted to employ the simile, there are numerous collateral branches springing from this parent stem at certain altitudes, and which crop out in more or less independent developments.

An absolute line of demarcation it is therefore impossible to draw, between the various forms composing this series; the more extensive our observations the better do we recognize the existence of transition forms, uniting into one great common group all the hereditary derangements of the mind. There is reason for asserting that the physical basis of these so various affections is

*The results of traumatism properly come under this head.

reducible to one at bottom common condition, an encephalic deformity.

In common with the other forms of degenerative insanity, monomania has all the characters of a constitutional mental affection. That is, there is a permanent undercurrent of perverted mental action peculiar to the individual, running like an unbroken thread through his whole mental life. Obscured, it may be, for these patients are often able to correct and conceal their insane symptoms, but it nevertheless exists, and it only requires friction to bring it to the surface.

It has one important feature in common with other constitutional affections, that is the mind of the monomaniac may be attacked by an Acute Insanity and yet the characters of the monomania remain unaltered afterwards, or be noticable side by side with those of the invading psychosis. Just as a syphilitic or phthisical subject may suffer from an acute disease and yet remains a syphilitic or phthisical subject.

A remarkable case of this kind was that of David W. Jobson, whom I observed during life at the Ward's Island Asylum, and whose brain I obtained after his death. At the time when my attention was most closely directed to the case, he presented the physical signs of progressive paresis, and at the same time projects and delusions. While some of these, like his idea that the Superintendent was responsible for the introduction of vermin into the institution, and that he was going to build an asylum with a school attached to it, in which the medical officers were to be properly instructed in mental science, were unquestionably true parietic notions, others were so elaborate and involved such an excellent memory and fertility of invention, that without knowing his earlier history, I suspected that the paralytic insanity was engrafted as a foreign element on a preëxisting monomania. I would say here, that the patient had a fair recollection of some of the experiments of Magendie, a good knowledge of anatomy, was a fair logician and ready writer even to the time when he could hardly enunciate words properly, and was unable to use his lower extremities. He all the while exhib-

ited the characteristic symptoms of querulent monomania.

If the peculiar character of the patient's delusions alone justified the suspicion entertained by myself, that the paralytic insanity which terminated in his death was engrafted on a preëxisting mental disorder, it became established as a decided opinion on obtaining an account of his past history, through an article which appeared in one of the daily papers the day after his death. It read as follows:

"David Wernyss Jobson died of paralysis, on Friday last, in the Ward's Island Hospital for the Insane. He was about seventy years of age. His body was taken to the morgue yesterday, and if not claimed to-day the commissioners will inter it tomorrow in the Potter's Field on Hart's Island. Letters found among his effects show that he was born in Dundee, Scotland, of a family that had been landholders for centuries. He graduated at the Edinburgh University in 1827 and studied both surgery and Dentistry. About 1836 he settled in London and obtained permission from King William IV to call himself Surgeon Dentist to the King, and this permission was subsequently (also) accorded by Queen Victoria. A year or two after the Queen's accession, he gave offence by espousing intemperately the cause of the Lady Flora Hastings, one of her maids of honor, who was afflicted with a form of dropsy, and was wrongfully said to be about to become a mother. The lady soon died, and an autopsy disproved the suspicion. In consequence of Jobson's partisanship, the permission to style himself Surgeon Dentist to the Queen was withdrawn and he lost much practice among the aristocracy. His pecuniary fortunes declined and he obtained a precarious support by writing for newspapers and magazines. At times he was aided by remittances from his relatives in Scotland.

"At the outbreak of the French Revolution of 1848 he went to France and ingratiated himself with Lamartine and other members of the provisional government, and, without any military education, he managed, according to his own account, to obtain the honorary title of general. He returned to London, and about 1854, came to the United States, where he found an indifferent support by his pen. He became naturalized, but afterward made repeated

voyages to England, and there he continued to write for the press.

There are numerous letters among his papers from the secretaries of Prince Albert, Lord Palmerston, the Earl of Derby, Mr. Disraeli and others, thanking him politely for documents sent, but expressing inability to render them available for any purpose. Jobson was imprisoned for a night in London and fined £50 for insulting Alderman Gibbs, while that official was acting as a magistrate.

On another occasion Recorder Russel Gurney sentenced him to hard labor in the Bridewell for libelling Sir James Ingram. Sir Edward Thornton, the British Minister at Washington, was repeatedly written to by Jobson, with reference to panaceas for quelling the troubles in Ireland, and Jobson received numerous polite letters from him declining to act upon his suggestions.

In 1858, a Mr. Ira D. Jobson, of 2 Paton's Lane, Perth Road, Dundee, Scotland, wrote that his uncle had died, leaving him and his brothers about £40 apiece, but that David's name was not mentioned in the will. The bulk of the property, he said, had been left to the poor relations of the Earl of Camperdown. This took Jobson to England, and among his papers is the copy of a memorial that he sent to the Lord Chancellor, in 1859, announcing his return from America to claim a heritage of 15,000 acres of land that had been in his family for centuries, and also £26,000 that had been left by his uncle chiefly to Sir James Ferguson, nephew of Lord Camperdown, who had married his (Jobson's) niece. *He complained, also, that he had been placed in a lunatic asylum by Sir James Ferguson's machinations.**

Having been unsuccessful in his application, Jobson returned to America. His career here is well known. He wrote casually for the newspapers, received casual remittances of £1 at a time from Mr. Ira D. Jobson, and obtained credit where he could for clothing. In the winter of 1874-'75, he became ragged and almost bare-footed, and in March last he was taken to the asylum on Ward's Island, more out

of pity than on account of any danger occurring to the public from his harmless insanity."

Subsequently I was informed by Ex-Judge Joseph Koch, that while the latter acted as police magistrate, Jobson frequently annoyed him by bringing complaints against the British government, and certain city officials who had dealt with him unjustly in reference to his candidacy. Be it known, that this patient had had himself nominated for the comptrollership of this city, by an ephemeral organization, and had actually received a number of votes in the ensuing election.

An analogous case is that of a Doctor P—, whom I observed at the same institution, and in whose case there was, about thirty years ago, a history of erotic monomania from which he emerged with the systematized delusion that he was King George the Fourth. During the time I observed him, he gradually developed all the physical signs of paralytic dementia, even to its trophic disturbances, but though hardly able to articulate, he still held to his royalty and insisted on the honors due the latter, and was as insanely mean as he had been before the paretic symptoms appeared.

I have a similar case in private practice, where I have been better able to watch the transition, or rather the inception of the paretic insanity on a preëxisting monomania.

Such cases will be always found to have an hereditary history, and they may lead to considerable doubt in diagnosis. It must be recollected that there are often congenital differences in the innervation of the two sides of the face in monomania, on the one hand, and on the other, that in paralytic insanity with an hereditary basis, or engrafted on monomania, we may find systematized delusions, well defended, or even skillful dissimulation.

The brother of a paretic, recently pronounced sane by a jury, was for many years an inmate of a private lunatic asylum. Dr. Hammond, who committed him, found him a case of the disease I here term mono-

* This fact was not known while the patient lived at the Ward's Island Asylum, it must refer to a period anterior to 1859, and to a sojourn in an English asylum, possibly brought about by some extravagant action of the patient. If a record of such sojourn exists and meets the eye of any reader of this article, information thereof will be appreciated by the writer.

mania. A physician, who saw him at the asylum during the whole period of his sojourn, recently informed me that he had always been puzzled as to whether to rank this patient as a paretic or not. I have seen, on a single visit to the same institution, an old lady who corresponded closely in her symptoms and appearance to the old Doctor whom I studied at Ward's Island.

There are a number of questions related to this subject that would occupy more time than I can fairly ask for their consideration to-night. It has been my object merely to project, in a general way, the proposition that there is a chronic constitutional insanity belonging to the hereditary degenerative series, for which there is, as yet, no name in the English Language, no demarcation in any English work,* and for which the designation, monomania, is the briefest one that is applicable, and for whose use precedents exist.

NEW YORK, 130 East 50th street.

Clinical Reports.

VERMINOUS VULVITIS AND VAGINITIS.

BY R. A. VAUGHAN, M. D.

Professor of Diseases of Children, St. Louis College of Physicians and Surgeons.

Neither Emmet nor Thomas, in their recent works on gynecology, refer to the oxyuris vermicularis invading the female genitalia as a cause of vulvitis or vaginitis. Schroeder, however, in Ziemssen's Cyclopædia, Vol. X, page 544, states that "in children, inflammation of the external genitals may arise from the oxyuris creeping into the vulva from the anus." In Heller's

*It is but just to say here, that although not discussed in all its bearings, the subject of monomania receives a very sound consideration and is discussed under the name adopted in this paper, in the only American work on insanity that has received, aside from the writings of Rush, notice abroad, namely, the "Medical Jurisprudence of Insanity," by Isaac Ray.

admirable paper, in the same work, on the oxyuris, reference is also made to the troubles which may be traced to the same source (*vide* Vol. III, page 764). Many more authorities might be cited to the same effect.

A few days since I was called to see a well-nourished female child, six years of age, who was suffering from an inflammation of both vulva and vagina, caused by these parasites. The inner surfaces of both labia were studded with granulations strongly resembling those of an indolent ulcer. Thickly scattered over this granular surface were observed a large number of "thread worms" whose normal field of action is the cæcum, colon and rectum. A profuse secretion of lightish-yellow pus was flowing from the inflamed surface, and had I not actually seen the parasites upon this surface I should have attributed the discharge to a venereal affection similar to one for which I had treated the child's father a short time before. A few weeks previously I had treated an elder sister of this patient, whose general health had been alarmingly reduced by masturbation—so much had this habit reduced her that she was barely able to walk. Although a thorough examination failed to disclose the presence of worms, it was suspected that the oxyuris was at the basis of her trouble also. An ointment of iodoform, 3j to the ounce of vaseline, so far abolished the sensibility of the parts, that the bad habit was soon broken up. It is possible that the iodoform proved an effectual vermicide in her case.

To return to our little patient: In instituting the treatment, I felt rather at a loss as to what was best to do, as I had never before encountered such a case. Professor Barnes' suggestion of an injection of molasses with sweet oil was essayed, but failed in this instance.

A lotion of sulphate of zinc with carbolic acid at once destroyed the worms, and an ointment of ten grains of carbolic acid to

the ounce of cerate, on pledgets of lint and interposed between the labia twice daily soon brought back the normal appearances of the parts.

St. Louis, 523 Chestnut street.

Extracts and Abstracts.

MALARIAL FEVER.—Some months since we gave an abstract of the discoveries during the year 1879, of Professors Klebs and Tommasi-Crudeli relative to the actual cause of malarial affections. In the *London Practitioner* for Nov. 1880, we find an article by Prof. Corrado Tommasi-Crudeli giving the facts ascertained during the present year, which we give in abstract, as follows:

Since last year, investigations have been made at different times and in various places by Prof. Perroncito, of the Superior Veterinary School, of Turin, Prof. Ceci, of the University of Camerino, Dr. Cubani, Asst. Prof. of Botany in the University of Rome, and Prof. Marchiafava, Demonstrator of Pathological Anatomy in the University of Rome, who have directed the work of competent assistants, who have marked the following results:

1. In the soil of all the malarial districts of the Roman Campagna and marshes the *Bacillus malarie* has been either found in a fully developed state, or else could be easily obtained in great quantities by means of artificial cultivation. It has not, on the other hand, been found possible to obtain it by any means, whether artificial or otherwise in some perfectly healthy districts.

2. This *Bacillus* rises in such quantity during the heat of summer in the atmosphere of malarious districts, that there is no need of any special appliance to collect it from the air. It is found in large quantities in the sweat of the face and hands.

3. In the blood of rabbits infected with malaria, in the blood of human beings attacked by malarious fever, and in the blood extracted from the spleens of such patients by Dr. Sciamanna's method, the spores of this *Bacillus* were constantly found during the *acme* of the fever. The artificial cultivation of this blood has constantly given rise to the development of the *Bacillus*,

sometimes in very large quantity. The cultivation of the splenic blood of persons not affected by malarious fever has given, on the contrary, only negative results.

4. By injecting the blood taken from the veins of persons affected with malaria into the subcutaneous tissues of dogs, the disease is reproduced in these animals.

5. In all cases where the blood has been extracted from patients affected with malaria, during [the *period of invasion of the fever*, it contained, often in great quantities, the fully developed *Bacillus malarie*. In the *acme* of the fever, on the contrary, the *Bacilli* disappear, and no other traces of them are found beyond their spores.

This last phenomenon (constantly occurring) explains the difference in the results obtained by Marchiafava in 1879, when he examined the blood of five persons who had died of pernicious fever, immediately after death. In three of these cases all the venous blood contained a large quantity of *Bacilli* in an advanced stage of development, while in two of them no trace of the organism could be found except a large number of its spores. It is therefore probable that the first three died before the period of *invasion* of the fever was finished and the other two during the *acme*.

Experiments upon animals have shown that the principal *nidus* of the parasite which produces malarial fever is in the spleen and in the marrow of the bones, these (especially the first) showing the most serious pathological changes in those who die of this fever. It is very probable that the production of new generations of parasites varies in extent and rapidity according to the condition of the individual, and probably also according to the quality of the soil from which the parasite originally came; this would explain the great variations which we meet with in the duration of the intermissions of this fever. It is probable that the febrile attack does not take place until the discharge of the parasites from their special *nidi* has gone on to such an extent as to accumulate in the blood a vast number of these organisms. It is probable that the chills of the febrile attack are produced by the simultaneous irritation of all the vaso-motor nerves, due to the presence of this army of invaders in the circulatory system. These invaders find in the blood the conditions most adapted to accelerate their development and their progress to maturity (*i. e.*, a high temperature,

abundant means of nourishment, and oxygen stored up in the red corpuscles) and hence it is not surprising if their disintegration is completed in the *acme* of the fever; while, on the other hand, the changes in the component elements of the blood and tissues due to their multiplied acts of assimilation and excretion affords a natural explanation of the development of the febrile heat.

The author purposes making further personal investigations to ascertain the truth or falsity of the theory of malaria suggested by laboratory experiments. He hopes to decide whether the *resolution* of a febrile attack is due merely to the elimination, by means of the secretions, of the products of the reduction of the albuminoids accumulated in the blood and tissues during the febrile attack, or whether it is partly also due to the elimination of the spores, which the disintegration of the *Bacilli* leave in the circulation, by means of the secretions, especially that of the kidneys. He also purposes examining the splenic blood during the period of intermittence of the fever, and hopes thus to be able to follow the development of the parasite in the intervals of the febrile attacks.

DETERMINATION OF SEX OF CHILDREN.—

The editor of the *Philadelphia Medical and Surgical Reporter*, after a very extensive and careful study of marriages occurring over Germany, France and England, formulates the following rule: "Whichever party to coition is at the time in the fullest possession of his or her productive powers will determine in the embryo his or her sex."

There is hardly any doubt that the physical condition of the parent at the time of conception influences the sex in the direction that the most vigorous sex tends to perpetuate itself. It is a part of this rule that when the male cohabits rarely, and thus has more vigorous and numerous spermatozoa, the children were apt to be male. This is undoubtedly the case with lower mammalia, and may explain the fact that orthodox Jewish families have more boys than Christian ones, the male being restricted in the times of cohabitation by Lev. Chap. XV, verses 19-28."

The author contends that the relative ardency of the two parents determines the sex of the child in favor of the more ardent of the two has nothing to do with the matter. Or rather, that a preponderance

of sexual passion tends to reduce the procreative power and, thus, to insure the offspring resulting being of the opposite sex. Thus the rule formulated above is confirmed by the observations of those who hold an entirely opposite view. In other words, the more ardent the male the more will he exhaust his procreative powers and the more certain will the offspring be a female.

EPSOM MINERAL WATER OF MISSOURI.—

Prof. Chas. E. Wait, of the Missouri School of Mines, at Rolla, Mo., gives an analysis (*Science*, Dec. 11, 1880) of the water of a shallow well located about three miles from Rolla. The sample of water was taken October 23d, and the examination gave the following results:

ANALYSIS.

Temperature.....	58° F.
Specific gravity.....	1.006819
<i>Solids.</i> <i>Grains per Gal.</i>	
Sodic carbonate.....	4.160
Calcic carbonate.....	23.616
Magnesian carbonate.....	.569
Ferrous carbonate.....	.081
Sodic chloride.....	27.312
Sodic sulphate.....	4.844
Potassic sulphate.....	9.730
Calcic sulphate.....	67.231
Baric sulphate.....	trace.
Magnesian sulphate.....	264.505
Aluminic oxide.....	.084
Ammonia.....	trace.
Silicic oxide.....	.038
Organic matters.....	1.178
	403.298
<i>Gases.</i> <i>Cubic in. per gal.</i>	
Carbonic anhydride.....	23.178
Nitrogen.....	4.330
Oxygen.....	1.498
Hydrogen sulphide.....	trace.
	29.001

It is stated that physicians have tried it and pronounce it a valuable mineral water. Doubtless it will prove an excellent saline purgative.

REMOTE EFFECTS OF FRACTURE OF THE

SKULL.—(Philadelphia letter, Cincinnati *Lancet and Clinic*) Patients who have received fractures of the bones of the cranium occasionally recover and may pass many years of comfort, but they are extremely liable to epilepsy and frequent loss of reason. In the museum of the College of

Physicians, of this city, there is a skull, the history of which illustrates this fact. The specimen was presented by Dr. J. Cheston Morris, and came into his hands as a legacy from the patient, who died in an insane asylum, at the age of sixty years. When seventeen years of age, the patient was thrown from a cart, his head striking the stones of the street and causing fracture of the parietal and a portion of the frontal bone. The man was taken to the Pennsylvania Hospital, where, under antiphlogistic treatment, he made a good recovery. For fifteen years he was perfectly well, being of sound mind, but at the expiration of this period epilepsy made its appearance, and the man became a maniac, requiring restraint, until death put an end to his sufferings. Post mortem showed that the space left after the removal of the button of bone was closed by the enveloping membranes of the brain. The remains of an extensive fracture at the base of the skull were also distinctly visible.

RESULTS OF MARRIAGE OF IDIOTS.—Dr. Berkham (*Zeit. für Psych.* Vol. 37) makes some interesting observations as to the capabilities of microcephalic and other idiots to propagate their species. A semi-idiotic man has been married for some years to a healthy woman; there is no family. A healthy man married to an idiotic wife, has had three children by her; two of them are idiots. These cases support Vogt's views, that while female idiots may bear children, the males are very frequently incapable of begetting them. Marriages are very rare between male half-cretins and healthy women, but are not uncommon between healthy men and semi-cretinous females who may happen to own a little property. The author has never seen the progeny of these marriages arrive at maturity; if not still-born, the children usually die during childhood.—*Philadelphia Med. and Surg. Reporter*.

VENEREAL VAGINITIS.—Dr. J. Matthews Duncan (*Med. Times and Gazette*) writes thus of the diagnosis of the venereal form of vaginitis: "It begins within a few days (generally two or three) of the infection; it is very severe, and runs an acute course; the secretion of pus is copious, beginning about the third day of the inflammation, and remains copious for about a week or nine days. The vulva is usually

affected, so that the woman has more or less difficulty in walking; and the vulva being affected, the inguinal glands are liable to be affected, and you may even have bubo. The urethra is affected, and also the bladder; there is liability to ovaritis and to peri-oöphoritis; and there is the almost certain infection, not only by sexual intercourse, but by the matter touching any mucous surface, such as that of the eye.—*Canada Medical Record*.

TREATMENT OF LEAD-POISONING.—Dr. Giulio Lepidi-Chioti published in the *Morgagni* of July last, the results of his experimental researches on animals slowly poisoned with subacetate of lead. We cite his conclusions as regards the treatment from the *Rocky Mountain Medical Review* for Nov. 1880:

"Clinical observation and these experiments have shown the great value of milk in the treatment of lead-poisoning; also the value of iodide of potassium, and of baths containing sulphur and the hypochlorite of soda. Nitrite of amyl is to be recommended in cases of lead-colic; and nux vomica is especially useful in lead-palsy."

SKIN ABSORPTION.—Fleischer (Virchow's *Archiv.* LXXIX, p. 558) strongly opposes Lassar's views as to the permeability of the uninjured human skin for various drugs, either dissolved in water or in oily substances. He finds that so long as the epidermis is intact, no absorption occurs, and holds that Lassar's cases of albuminuria after styrax applications for itch, and of olive-green urine after tar ointment had been rubbed on, are valueless, as the presence of scabies, eczema, and of other lesions of the epidermis in Lassar's cases makes any transference of the results observed in them to the intact skin quite fallacious.—*Archives of Dermatology*, Oct. '80.

HIRSUTIES REMOVED BY THE GALVANIC PESSARY.—In a discourse on menstrual insanity, at the recent meeting of the British Medical Association, Dr. J. Crichton Browne referred to a case seen in consultation with Mr. Tait, many years ago, in which a bearded lady had been benefited by the introduction of a galvanic pessary. The beard subsequently fell off and the patient's mental condition, which was that of melancholia, improved so that she recovered completely.—*Philadelphia Med. Times*.

RESORCIN.—Dr. Ralph D'Ary translated for the *Ann Arbor Physician and Surgeon*, from a Russian journal, an article on a new anti-pyretic derived from certain resins to which this name has been given. It was discovered by Glasewitz, of Vienna, and is found especially in galbanum. It belongs to the phenols, and its formula is $C_6H_4(OH)_2$. Like carbolic acid, which it resembles in composition, it is a powerful antiseptic, even in a one per cent. solution it prevents putrefaction in easily decomposing substances, such as blood and urine. Hence its use in diphtheria and as a caustic in phagadenic ulcers. Prof. Lichtheim, of Berne, has tried its effects in febrile affections, in which it produces the following effects:

When two or three grams (30 to 45 gr.) of resorcin are given to a patient with violent fever, it first produces symptoms of excitation. The face reddens, vertigo and noises in the ears are complained of, a sort of intoxication is induced, the breathing and pulse are quickened. In ten or fifteen minutes the skin becomes moist with abundant perspiration, and in fifteen minutes more the patient, bathed in perspiration, is free from fever. In an hour after taking the medicine the condition is normal, the fever has vanished, and in less time than it could be dispelled by any other pyretic. The perspiration has ceased, the skin is cool, and no signs of the fever are to be found. Sometimes the temperature is lowered three degrees and the pulse lessened in frequency by one third. These effects are not always produced, each case seems to be a law to itself. The fevers of erysipelas and pneumonia being much more obstinate than that of typhoid. Severe, intense typhoid fevers yield with much greater difficulty than light ones. In the former the cooling effect may be so slight as to reduce the temperature only one degree and the pulse in proportion.

This agent is superior to quinine or salicin in its promptness, certainty and efficiency of action, but its effects are of shorter duration. In three or four hours, generally, a new chill sets in and the temperature rises rapidly, so that, in another hour the patient is again in his former condition. Sometimes the fever begins to return after only one hour's absence. Experience has shown that its cooling effects may be induced several times a day without injury to the patient. Hence it would be a

very useful remedy, one unsurpassed in its way, were it not that the first stage of its influence is sometimes very severe, producing strong intoxication, narcotization, delirium, trembling of the hands and unintelligible speech. On one occasion a patient fell into a deep sleep from which he could not be aroused, but he finally awoke spontaneously and there were no bad after effects. These symptoms sometimes frighten the attendants of the patient, although the stage of excitation is short and without bad results.

It was attempted to obviate these effects by giving it in small doses frequently repeated. The cerebral effects were avoided, but the cooling of the fever was insignificant and the critical perspiration was not induced. Ten grams (160 grains) were taken during the day without bad results, but the cooling produced was not equal to that effected by one dose of three grams (45 grains). When quinine or salicin was given followed by a full dose of resorcin several hours afterwards, the excitation was not avoided but the apyrexia that followed was of very long duration. In two cases in which the cold bath was used without the effect of conquering the fever, resorcin was given in combination with the baths with entire success.

The urine of patients who have taken resorcin, when exposed to the air, darkens, in the same manner as following the exhibition of carbolic acid, but this color ceases to appear after twenty-four hours. Albuminuria is not produced. In no case does it weaken the heart's action and it does not produce collapse. On the contrary, the action of the heart and the arterial blood-pressure are increased. Hence, a generally debilitated condition of the patient, as in typhoid fever, is no contraindication to the use of this new remedy.

ADMINISTRATION OF PODOPHYLLIN.—We have, for some time, used Dr. Horace Dobell's formula for the administration of this valuable laxative and have found it most satisfactory and certain in its action. The following is from the *British Med. Journal*:

R Podophylli resinæ.....gr. ij;
Essentiæ zingiberis..... ʒij;
Speriti vini rectific.qs. ad ʒij.

M.—Ft. guttæ. **S.** A teaspoonful in a wineglassful of water every night at bedtime, or every second, third, or fourth night, as required.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - DEC., 1880.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the *CLINICAL RECORD* to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

For terms and address, see cover title page.

ST. LOUIS PUBLIC CHARITIES AND MEDICAL SCHOOLS.

It would appear that the chief end and object of the St. Louis Board of Health, under the leadership of its non-medical Health Commissioner, is to prevent medical students from coming to this city to pursue their studies and to render what clinical advantages we possess of as little practical value as possible. Instead of affording every facility for utilizing the vast amount of clinical material under its control, as is done by every health board of sister cities, that of St. Louis interposes every conceivable obstacle in the way of clinical instruction in the institutions under its supervision.

Every female patient that is able to endure the discomforts of transportation is taken six miles away into the country to the Female Hospital, thus effectually preventing any clinical teaching of gynecology and obstetrics in the public institutions. All the pauper insane are secluded at an equally remote asylum; thus the study of clinical psychiatry is also interdicted. Surgical and male medical cases are received into the City

Hospital, which is conveniently situated and kept in admirable condition. But the authorities seem to think that the proper use of even this fractional part of the clinical material at its disposal should be restricted to such an extent as to render it as nearly useless as possible.

The first step in this direction was to forbid the admission of medical students into the wards of the hospital. The colleges cheerfully submitted to this imposition, thankful that their classes might still be shown a few cases of malarial fever, gonorrhœa, or syphilis, in the small amphitheatre. Of course, serious cases of disease could not be exhibited except at great risk to the unfortunate patients who were carried into the arena occasionally upon stretchers.

Still the colleges submitted to these senseless restrictions, and the obsequious professors united, almost unanimously, "regulars," homœopaths and eclectics, in a petition to have the able and accomplished(?) Health Commissioner retained as their master for an extended term.

The State law governing such matters had wisely provided that the hospital should be open to all duly organized medical colleges for the purposes of clinical instruction. The astute law-makers never thought it necessary to specify *who* should appoint the different clinical lecturers. The colleges, which were given the power to instruct medical students were naturally presumed capable of appointing competent teachers to instruct them at the hospital as well as within their own halls. But a new humiliation was in store for those gentlemen who had shown such a capacity for grovelling before his high mightiness, the non-medical Health Commissioner. This official saw a new chance to gratify his insolent vanity. He has an ordinance enacted giving him the power of appointing the clinical lecturers. Not only this, but the hours given to the schools are diminished nearly one-half—this because it is alleged that too much time is given the schools to the detri-

ment of the hospital. The utter falsity of this pretense is shown by the fact that *two* lecturships are created to be filled by this non-medical autocrat from the medical profession *outside* of all the schools. If the time was too limited to accommodate the schools with their students, it certainly appears to us that the appointment of lecturers from the outside profession will be something of a homœopathic treatment of the evil.

The Health Commissioner is said to be an aspirant for the office of Mayor of this city. We hope there may still be sufficient manhood in the medical profession to defeat his machinations. As Health Commissioner his record has not been such an one as to inspire the utmost confidence in him as chief executive officer of the municipality.

The awarding of the slop contract has presented so many extraordinary features that we hardly know what to expect of him as Mayor. If the Board of Health, under his direction, can set at naught for months the plain provisions of one ordinance which forbids any favoritism, we may easily foresee the fate of distasteful laws when left to him for construction as Mayor. For our own part, we believe him a most dangerous man to intrust with any executive office.

DIPLOMA MILLS.

All medical schools which offer to graduate students without thorough study and training are diploma mills in the true sense of the term. Those schools which graduate students after attendance upon only two terms of lectures and without examination as to preliminary qualifications for the study of medicine belong to this class. The fact that fees of \$75, \$90, \$105, \$120 or \$140 are charged for each term of lectures mitigates in no degree the fraud which they practice upon the profession and the community. Were a school that demands a preliminary examination of matriculants

and three courses of lectures in three separate years preparatory to graduation to ask no lecture fees of its students it would be more expensive to the student than the highest priced among the two-year "diploma mills."

Regarding thorough preparation for the profession as a *sine qua non* of real advancement, the CLINICAL RECORD has, for two years, declined to advertise any of the low-grade institutions. It appears to us that this is the easiest method of reaching the evil and we hope some of our journalistic neighbors will follow our example.

The American Medical College Association has proven itself as flat a failure as the American Medical Association in dealing with the problem of the higher standard of medical education. Having noted the inability of the majority of the first-named association to bring the colleges into accord on the three-term principle, we predicted the futility of the resolution adopted at its last meeting to the effect that every member would adopt this plan two years hence. We predicted that the greater sinners would withdraw from the Association before it could go into effect. That we understood the insincerity of the representations of these institutions is now being proven.

We learn from the *Peoria Medical Journal* for December, 1880, that Rush Medical College, of Chicago, has withdrawn from that body. Rush was one of the colleges indicated in our former article as one which would not adopt this rule unless absolutely compelled to do so. Jefferson College, of Philadelphia, will probably be the next to repudiate the compact, and the Louisville, Cincinnati and Indianapolis institutions will certainly imitate the example of Rush.

The fraudulent intent of the resolution proposed by Dr. Reynolds at the last meeting, which we have asserted on more than one occasion, is thus amply proven. More evidence to the same effect will be forthcoming within two years from this date.

STEAMSHIP ETHICS.—Dr. J. Fourners Brice, senior surgeon to the steamer *Germanic*, wrote a letter to the *British Medical Journal* which appeared in that journal for August 7th, in which he complains of certain performances of one G. M. Beard, of New York. It seems that this person (author of a work on "neurasthenia," etc.) is the same one who wrote a pamphlet on sea-sickness, which was issued for popular use under the taking and suggestive title, "Oh my!" Dr. Brice states that Beard was a passenger on the *Germanic*, and that before sailing he wrote to the company's agent in New York, requesting that gentleman to purchase "several pounds" of the bromides of sodium and potassium, and some hundreds of pills of cannabis Indica, together with citrate of caffeine. As Beard had said nothing whatever to the medical officers of the ship, his letter was ignored. During the first five or six days there was no sea-sickness on board. This time he utilized by going about among the passengers, telling them that if they should become sea-sick, to come to him (Beard) at once, as he had an "infallible" remedy! Soon afterwards, sea-sickness did make its appearance among the passengers, when Beard "went for them" with his "infallible" medicines and hypodermic syringe—without much success—at least Dr. Brice says so, which the ethical Beard probably regards as another piece of "spite and petty jealousy." Beard wrote a prescription for one of the passengers which the ship's surgeon did not see fit to fill, or, as he expressed it, he "respectfully declined to act as his apothecary."

This letter called forth one from Beard in which he takes occasion to advertise himself as the only living expert on sea-sickness, as he has so many times before relative to other matters. He states the annoyance he was subjected to on his last voyage was very great, so that finally he had to decline any further assistance.

Dr. Brice closes the correspondence with

the hint that the extent of Beard's popularity on board the *Germanic* seems to that person much greater than it did to anyone else!

Our own Beard! It is a pity the English surgeon did not disregard the Scriptural injunction to the extent of marring the corners thereof.

In a recent writing, which is supposed to be a review, this same party, Beard, accuses the English writers and thinkers of "intellectual cowardice" because they do not accept all the latest assertions of the materialistic school without reservation. In this he simply repeats, parrot-like, the gibe of Robert Lewins (*Life and Mind*), without suspecting, apparently, that any one will discover the plagiarism. The sooner such professional and pseudo-scientific ink-wasters are exposed, and the more thorough the exposure is made, the better for honest readers will it be. We have certainly done our whole duty by this exponent of the Code of Ethics.

Book Notices and Reviews.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS. By Frank Hastings Hamilton, A. M., M. D., LL. D., Surgeon to Bellevue Hospital, New York, Etc. Sixth American Edition, Revised and Improved. 8vo. pp. 909, illustrated with 352 wood-cuts. Philadelphia: H. C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Printing Co. Cloth, \$5 50; Sheep, \$6 50; half Russia, \$7.

Dr. Hamilton's work is still the only one on the subjects embraced that is at all comprehensive and fully abreast of the age. It has, for many years, retained its position as an authority on these related branches of surgery, not only in the medical schools and physician's library, but also before the courts of justice.

The present edition bears evidence of longer experience and still more ripened judgment, and is, consequently, more valuable than any of its predecessors. New

matter is to be found, especially in the sections devoted to fractures of the patella and those of the femur.

The work is too well known to require from us any extended notice. We shall make but one extract, and this for the purpose of recalling attention to the brazen character of one who has been, somewhat hastily, accepted in many quarters as a representative American surgeon. It is well enough to bear this instance in mind whenever any such assertion is made by the champions of Lewis A. Sayre.

Pages 437-438 :

"Attention has already been called, in the chapter on General Prognosis, to the published statements of Dr. Sayre relating to this subject; but it will be necessary to note again in this place, that he asserts that all fractures of the femur may be made to unite without shortening; and to add that, in proof of the latter assertion, Dr. Sayer, at the meeting of the American Medical Association in Detroit, Michigan, in 1874, declared, when the accuracy of his measurements were called in question by some of the gentlemen present, that 'he knew his measurements were correct, that Dr. Frank Hamilton had made the measurements, and that he was a man who was so violently opposed to the theory that, in his published writings, he had denied the possibility of any oblique fracture being cured without shortening. For this reason he (Dr. S.) had asked him to measure the patients. He said if seven successive cases would be presented, he would agree to give up his opposition to the theory. He found the cases and surrendered' (Sayre, *Detroit Review of Medicine*, July, 1874).

I was not present when these statements were made, but in the following number of the same journal in which they first appeared, I called attention to their untruthfulness. And now I will repeat, that I have never said, in any of my published writings or elsewhere, that it was impossible that any oblique fracture of the femur could be cured without shortening, and I never entertained such an opinion; but, while I have myself published several cases in which oblique fractures of the femur treated by me have united without shortening, I have declared this to be the exception and not the rule. Further, I am obliged to say that

no such conversation as that related by him ever occurred between us, and that I never measured or saw the cases mentioned by him. It is difficult for me to conceive, therefore, how this gentleman has fallen into these errors; and I confess I would have been very much gratified if, his attention having been repeatedly and publicly, through the medical journals, called to the matter, he had made some such public explanation or denial as would have rendered it unnecessary for me to allude to it in this place."

The "blatant Boanerges of American surgery," as the late President of the American Medical Association has been happily named, will continue to falsify facts and slander his colleagues in the future as in the past, notwithstanding Dr. Hamilton's repeated exposures of the gigantic fraud Prof. Sayre has again and again shown himself to be. Such a demonstration of the Code of Ethics, by the President of the redoubtable association which has taken such pains to promulgate it as a rule of action for physicians, must inspire the profoundest respect for it and its advocates.

The half-Russia binding in which the publishers present this most valuable and indispensable work reflects honor upon the house which has shown such good taste and appreciation of the wants of the profession. Works like this which will remain as permanent occupants of the physician's bookshelves, are worthy of elegant dresses. Beauty and solidity are combined and together give an air of refinement to a library, one calculated to advance the owner's reputation for culture and good taste. The additional cost is but little over that of ordinary leather bindings, while the appearance is vastly improved.

HYGIENE AND TREATMENT OF CATARRH.

PART I. Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. By Thos. F. Rumbold, M. D. 12mo. pp. 174. St. Louis: Geo. O. Rumbold & Co. 1880. H. R. Hildreth Printing Co. Cloth, \$1 50.

It is an ungracious task to use the criti-

cal scalpel upon the first book of any author. It becomes more distasteful still if the aspirant to literary honors is a resident of one's own city. It is to the last degree disagreeable if the writer happens to be a brother editor. Our readers will appreciate our reluctance to criticise the book in hand when it is understood that all these considerations are in the way of a fair and impartial notice. We consider our duty to our readers as paramount in the premises, and shall endeavor to deal justly with this "firstling of genius," as well as with our constituency. We have thoroughly examined the work from cover to cover, hoping to find something to commend, but our failure has been entire. Therefore our remarks will necessarily be adverse throughout.

The grammar employed by the author is evidently not English. Of this fact the proofs are furnished in such abundance as to satisfy the most exacting legal mind, even that of the "eminent" gentleman whose principal title to fame seems to be having had this volume dedicated to him. We furnish a few specimens of his unique method of imparting his ideas (*italics ours*):

"I also soon found that even after they had recovered as completely as it was possible for them to do, the continued observance of these hygienic rules *were* essential to the maintenance of their health" (first page of preface).

"These instructions should relate * * * to the course to pursue at such times as they have taken cold; * * * * * (pp. 26-27).

"* * * the prominent and urgent symptoms of the complaint gradually *fades* away." (p. 31).

"The beneficial effects are soon so plainly manifested, that they become such through converts to the principles of warm dressing, that they do not forget nor neglect to put on the suit each succeeding fall, and wear *them* during the whole winter" (p. 44).

Such slovenly writing would be almost inexcusable in a "busy general practitioner." What shall we say of it in a jour-

nalist? We prefer to leave the proper comment to the reader.

The author's ideas of pathology are hazy in the extreme. On page 60 he states that hay fever is but a nervous complication of nasal catarrh and a sequence of it." On almost every page, where he is not anathematizing tobacco, he deplores the taking of cold as the fountain of all evil, but nowhere does he state the pathology of "taking cold." On page 41, however, we find something almost explicit regarding the etiology of colds—it would be entirely satisfactory if some other portions of the book had not been written. He states: "We would have no colds without a deficiency of the covering of the body; we could have no chronic nasal catarrh without a frequent repetition of colds; therefore, the maintenance of the body in a warm, equable temperature, is of the greatest importance, and no effort, on the part of the patient, that will effect this, should be neglected." The fallacy of this requires no great amount of observation to discover. Even the "common man," for whose reading the book was apparently written, must have noticed instances of "catching cold," in his own experience, which were not occasioned by any insufficiency in his clothing. The author himself states that the use of tobacco causes a vast amount of nasal catarrh, and that certain barometric variations sometimes occasions a "cold," even when the individual has not exposed himself in the least.

The author seems to have a perfect mania for clothing. *Four* suits of underclothing he does not deem an excessive amount for protecting his patients from his pet bugaboo, "taking cold." Greasing them with vaseline (politely termed inunctions) is another favorite hobby. He advises the daily "rubbing in" of a teaspoonful of vaseline applied to the entire surface. As he is opposed to frequent changes of the underclothing, which is to be worn night and day, and thinks a bath once in six or eight weeks is often enough in cold weather, the per-

sonal condition of his patients by spring, after a winter's treatment, can be better imagined than described, we shall content ourself with this hint.

Night caps are recommended for old and young alike. Babies, especially, must have their delicate crania well protected in this way until they are at least ten years of age. We know of no means better calculated to keep them in the infantile condition, as regards liability to catarrhal affections than this.

Our author has discovered the "mental portion of the brain," for which neuro-pathologists will ever be under a debt of gratitude. These portions, we learn, on page 63, are located over the sphenoidal and ethmoidal cavities, and the frontal sinuses.

The following gives some important points in mental hygiene—to say nothing of the hygiene of catarrh—and must be quoted entire (page 66):

"The more a patient allows his temper to run away with him, the more liable he is to be irritable, and if this is continued, a condition of mind will be induced that will so resemble insanity, that his relatives or friends will believe that he is really becoming insane. On the other hand, a kind reply, even to a needless question, most certainly tends to increase a pleasant disposition; besides, it will be a very great satisfaction to kind and indulgent friends and relatives. One kind answer predisposes to another kind answer, and prevents irritation of the nerves, which predisposes to a continuance of the congestion.

That the indulgence of anger does increase the inter-cranial congestion, is evidenced by an increase of the headache, increased tinnitus aurium, by attacks of vertigo and nausea, and by other symptoms which indicate excessive blood-pressure within the cranium."

Heretofore, we have supposed that a man who allowed "his temper to run away with him" was already irritable; it appears, however, that he is only in danger of becoming so. After all, this is, perhaps, the charitable view of the subject. As some

of our well-meaning friends tell their phthisical patients when they are at death's door, that "they are threatened with lung trouble," so we should remind the chronic scold that she "is in danger of becoming irritable." "Inter-cranial" blood-pressure is very good; we never before supposed that it related to cerebral congestion. The school boy who suffers a collision with another whereby his head comes in sudden violent contact with that of another, suffers from a transitory inter-cranial congestion; but we solemnly protest against the author's use of the expression.

Twenty-three pages are devoted to a tirade against tobacco. On pages 148 and 149 we find a partial recognition of temperament, or physical constitution as a factor in the production of chronic catarrh. As the paragraph is in the author's best vein, and, besides, contains an awful warning to light-haired boys who have been tempted to use tobacco, we reproduce it entire:

"The female of ordinary good health, who has had one continuous cold from her girlhood to her fortieth year, and the consumer of tobacco of ordinary good health, who, from his fifteenth to his fiftieth year, has used this narcotic moderately, have equally diseased nasal and pharyngo-nasal cavities, that is, if both of their temperaments are the same. If the female has black hair and the tobacco victim has light hair, then his nasal cavities will be in a much greater diseased condition, than her's and *vice versa*. If a light-haired boy commences, at his fifteenth year, to use tobacco inordinately and continues to use it excessively, the resulting congestion will be so severe that it will ultimately involve other important organs; the brain, the stomach, the heart, the lungs are almost certain to be implicated to such an extent that life will be shortened by many years, and when he dies, mortification of his body will commence first in the nasal cavities."

We have always labored under the impression that girls are females, but it seems that they do not attain that dignity until the season of girlhood has passed away. "Tobacco of ordinary good health" must be a scarce article in this latitude, for this

is the first time we have heard of its causing such dreadful consequences. We judge that it must produce gangrene or sloughing of the nose, which results in death. We shall always take care that the specimens of the weed we are in the habit of consuming are not of such a fatally healthy character. "Mortification" applies to the dead portions of a living body. Of course the author cannot refer to putrefaction, for it is well known that this *post mortem* change begins in the larynx and trachea.

We had marked many points for notice, but our space will not permit us to refer to them at length. Our advice is, if you desire some amusing reading for the holidays, purchase this remarkable volume. "The half has not been told" of its magnificent disregard of all that should characterize a popular or scientific work on the hygiene of catarrh.

WOOD'S LIBRARY, XI:—

DISEASES OF THE PHARYNX, LARYNX, AND TRACHEA. By Morell Mackenzie, M. D., Lond., Senior Physician to the Hosp. for Diseases of the Throat and Chest, Etc. 8vo. pp. 440. New York: Wm. Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, 514 Olive st., sole agent. Sold by subscription only. In cloth, \$1 25.

No plainer evidence of enterprise could be adduced than the reproduction of this great work by Wm. Wood & Co. in the Medical Library for 1880. Scarcely had the London edition—for an autograph copy of which we thank the distinguished author—been finished, ere it was announced that two American editions and German and French translations were in press. Of these, Messrs. Wood & Co. have given the handsomest volume, as it is by far the cheapest. The wonder is that it could be so cheap, and yet, comparing it with the original English edition, we find it complete.

Mackenzie's latest work deserves this unequalled compliment. No one has ever been more fitted than he, by reason of natural ability and large experience, to

write a book on diseases of the throat; no one less fitted could have done it so well. In all respects it is a safe guide, charmingly plain, direct, and written in a masterly manner.

The author uses the same arrangement in the different sections. Thus, the main division titles being the Pharynx, Larynx and Trachea, he details in each the regional anatomy, the methods of examination, the condition and appearance of each in the diseases incident to it, and afterward the treatment. Thoroughly practical, yet great labor has been given to the etiology and pathology.

The first section, the Pharynx, should prove particularly useful to the general practitioner. He may not always see disease in the larynx or trachea, but he may always be aware of any decided change in the pharynx. For the significance of such change and the appropriate remedies, these pages will be often consulted.

The treatment of pharyngeal catarrh and of granular pharyngitis is based upon the results of large experience with these troublesome conditions, the author depending greatly upon constitutional medication. It may be objected that, for these and other conditions herein referred to, constant reference is made to the formula employed at the Hospital for Diseases of the Throat. The fact that these are appended and are, for the most part, readily compounded, renders this feature of the book advantageous though perhaps novel.

In passing, the author is careful to note the ill effects that may result from chronically enlarged tonsils, especially the interference with respiration and the possible sequence of chest deformity. Though mentioning the treatment (generally useless) of hypertrophied tonsils by astringents, resolvers, etc., preference is naturally given to the tonsillotome.

In acute tonsillitis, great confidence is expressed in the efficacy of guaiacum and aconite, the former being given in the form

of a lozenge for local as well as constitutional effect. While we have not had the universally good results from this that our author has had, yet, in the early stages of tonsillitis it is certainly more nearly a specific in this condition than any other remedy.

It is stated in the preface that, in syphilis, "specific anti-syphilitic treatment is only required when serious constitutional symptoms are present;" hence we find it written that "secondary affections of the pharynx do not usually require any constitutional remedies," and it is probable that here "the non-use of mercury does not increase the risk of further development of the disease." When used, the cyanide is the form preferred. The local treatment varies according to the phenomena presented.

Phthisis of the Pharynx is the subject of a chapter peculiar to this work, but this, like cancer of the pharynx, is so rare, that we refer the reader to the very full discussion in the text.

The chapter upon Diphtheria has been reviewed by the RECORD, being issued some months since as a separate publication. Its universal acceptance and the favor with which Dr. Mackenzie's arguments for the identity of croup and diphtheria were received in America render further comment unnecessary except to say that it is one of the author's best productions.

A full review of the section devoted to the larynx is impossible in the space allotted to us. The article upon Laryngeal Phthisis is very interesting. It is here admitted that this affection arises "from the local deposit of tubercle." This is not the ground held by our author years ago, and we are glad that his testimony now strengthens what we believe to be the more tenable position.

After long study of this subject Dr. Mackenzie says, "the prognosis of laryngeal phthisis is always extremely unfavorable and it is not certain that any cases ever

recover." While entire restoration is impossible if there has been any great invasion of the larynx, yet there are cases of laryngeal phthisis, well marked, though not extensive, which certainly respond to treatment, and, with these in view, we cannot but file an objection to the assertion of the author. We know that cases of pulmonary phthisis recover, and we believe that cases of laryngeal phthisis may, and do. Still, in the main, his conclusion is only too true.

In the complete chapter upon cancer of the larynx, the author commends extirpation of the larynx if the disease be confined to the laryngeal cavity; otherwise it is best to seek to prolong life by general tonic and analeptic treatment, and tracheotomy, if necessary.

It would be expected that the chapter upon laryngeal paralysis would be a master piece—for Dr. Mackenzie was the pioneer, as he is the authority, in this special study—and we are not disappointed. We commend it to the intelligent physician as embracing all thus far known upon the subject.

In the closing section upon the Diseases of the Trachea and their Treatment, we find most excellent directions for tracheotomy. A full description is given of Bose's modification, or rather the operation revived by Bose. By this method, unnecessary to describe here, room for an opening into the trachea is secured above the isthmus of the thyroid, which is left intact.

This work throughout is so condensed and complete, that only a few of its features can be noticed. As a special treatise by a specialist, it is broad and unbiased, as a scholarly production, it is remarkable for terseness, sound sense and good English.

If our many authors would only imitate Dr. Mackenzie's patience, care and candor, and be as concise and unostentatious as he, we would have, not so many books, but better ones, and fewer tired and disgusted readers. We thank him as much for the way he has written as for what he has written.

WILLIAM PORTER.

A TREATISE ON THE PRACTICE OF MEDICINE, for the use of Students and Practitioners. By Roberts Bartholow, M. A., M. D., LL. D., Prof. of *Materia Medica* and General Therapeutics in the Jefferson Med. College of Philadelphia, Etc. 8vo. pp. 853. New York: D. Appleton & Co., 1, 3 and 5 Bond street. 1880. St. Louis: Book & News Co. Cloth, \$5.

The author's well-earned reputation as an original investigator, successful teacher and graceful writer had caused an extended interest to be taken in his work on practice long before it made its appearance. For many months before its publication the booksellers had their hands full of orders for copies, and since it has been placed upon the market, no book since Emmet's *Gynecology* has had such an extensive sale. The charming style in which it is written and the confidence with which the author's views on therapeutics are asserted have doubtless much to do with rendering this work one of the great literary triumphs of the year. It is, therefore, with some feeling of being on the unpopular side that the reviewer ventures to call attention to certain defects, certain errors of both omission and of commission, which, it appears, ought not to be passed over in silence. He comforts himself with the thought that a new edition must soon be called for, and that the author will doubtless avail himself of the opportunity to correct wherever correction is needed and to supply what should be added to make his work the crowning glory of a life-time spent in the advancement of medical science.

The omission of any reference to general pathology we regard as an error of great magnitude. The usual chapters on these general principles have been omitted, perhaps, for the purpose of rendering the volume smaller; but the omission must be severely felt by every student who possesses only this one volume on practice. It is no economy to buy this book because of its comparative cheapness rather than Flint's, Bristowe's or Watson's work, for another

book on general pathology will have to be purchased, which will make still greater inroads upon the limited means of the economical student. Better increase the size of the volume and add proportionately to its cost than to leave it so incomplete.

A condensed "practice of medicine" would, however, present many advantages to the practitioner who has been well grounded in the principles of our art, provided it were fairly complete. The work under consideration is by no means comprehensive. We find no detailed account of Addison's disease, Basedow's disease, bronchocele, progressive paresis, mental affections, athetosis, auditory vertigo, and many other important affections.

On page 190, in the description of the symptoms of splenitis, it is stated that "pain is experienced, deeply in the *right* hypochondrium."

Although the author is an enthusiastic believer in the remedial effects of active treatment, we find no reference to McCall Anderson's assertion that tubercular peritonitis and acute miliary tuberculosis are amenable to treatment. Dr. Bartholow asserts, on the contrary, that both affections tend to an inevitably fatal termination.

The hereditary transmission of a predisposition to arthritis deformans is formally denied. We have had, under our personal observation, a family in which the grandmother, father and daughter showed unmistakable evidences of this inexorable disease. It is difficult to account for such a series by any other hypothesis than heredity.

The author's enthusiasm for his favorite theories regarding the action of medicines leads him into a curious process of reasoning in at least one instance. On page 48, referring to the treatment of gastric carcinoma he uses the following language:

"Arsenic, in the form of Fowler's solution, one or two drops, three times a day, has considerable power to allay pain, and is not without influence in retarding the

growth of epithelial cancer. As respects the power to relieve pain, the physiological basis for its employment is the action of arsenic, in toxic doses, on the nervous system of animal life. It has been repeatedly observed that sometimes, in large doses, no vomiting was produced, but coma and insensibility followed."

This style of reasoning may be very logical, but it appears to us extremely inconclusive. Because opium, in large doses sometimes produces great mental excitement, therefore, in very minute doses it ought to rouse the patient from coma produced by alcohol or uræmic poisoning! I has every appearance of an apology on Dr Bartholow's part, for what might be though Homœopathic treatment. The author ought to acknowledge that the action of certain drugs in large doses is exactly contrary to their action in minute quantities. This is not Homœopathy in any sense, although the adherents of that dogma were perhaps the first to utilize the fact.

In the treatment of abscess of the liver the author advises puncture by means of the aspirator and goes far in his statement of the harmlessness of such an operation. He even states, what was already known, when he says that many cases of hepatitis do better after repeated puncture, although no pus was found, than they did before the operation. Although great pains is taken to quote foreign authors, no reference is made to the labors and researches of Hammond and Davis, in this country, who have done so much to elucidate the symptomatology, causation and treatment of hepatic abscess. No reference is made to hypochondriasis as a prominent symptom in such cases, although, it is rarely absent, and no allusion is made to the probable connection between mental disorders and consecutive abscess of the liver, so strongly argued by Hammond.

We had noted many other points for criticism, but our limited space prevents a more extended notice. With all its faults it is an exceedingly valuable and

readable book. It is needless to add that the publishers present it in most excellent style.

WOOD'S OPHTHALMIC TEST-TYPES AND COLOR-BLINDNESS TESTS. In one long box. New York: Wm. Wood & Co. St. Louis: C. C. Pease, 514 Olive st. Price, \$5.

This seems to be what the eminent publishers claim, "a complete outfit" for the general practitioner. Of course, the expert ophthalmologist will require much more than is here included for the successful treatment of ocular defects, but for the diagnosis of most of the functional troubles of the eye, this, if properly and intelligently used, will prove sufficient.

This "long box" contains two plates each of Snellen's and Jaeger's test types, for the detection and estimation of hypermetropia, myopia and presbyopia, Snellen's, Green's and Wecker's tests (four plates) for the diagnosis of astigmatism, a set of four convex and four concave trial lenses numbered according to the metric system, a metal stenopæic slit, with a rosewood and nickel holder for the lenses and slit. With these appliances an instructed physician can prescribe the glasses proper for the correction of ocular defects and save loss of time, loss of money and, in many cases, loss of vision for his patients. Eyesight is lost and incurable diseases are fostered by the use of improperly selected glasses. Country districts and small cities do not afford sufficient support to maintain skilled ophthalmologists, hence the general practitioner must fit himself to prescribe the proper glasses for his patients and to diagnosticate the serious affections of the eye even if he should feel incompetent to treat them. With the instruction given in every well appointed medical school of the day, the explanatory text (by Dr. G. R. Cutter), and the short treatise on how to choose eye-glasses (by Dr. H. D. Noyes), any medical man of ordinary intelligence should be able to help his patients effec-

tively and at the same time "put money in his purse."

The study of color-blindness has recently received a new impetus, and the discovery of so many cases of this defect in employees of railroads and in the marine service, will doubtless cause all corporations doing a carrying trade to have their men examined for the purpose of excluding from responsible positions all who suffer from this defect. To supply the proper means of diagnosis, one hundred skeins of different colored worsteds, with Holmgren's "confusion plate," illustrating the mistakes of the color-blind (seventeen colors) are included in this set. Scarcely too much importance can be attached to the examination of pilots and engineers to ascertain the condition of the "color sense."

If the teaching of ophthalmology in our schools is to amount to anything more than an advertisement of the enterprising specialists, the means of putting their teaching to practical use must be furnished in a form at once inexpensive and of good quality.

This set placed upon the market by the Messrs. Wood & Co. covers a good deal of the ground very thoroughly. We therefore give it a hearty endorsement.

A GENERAL PRACTITIONER.

AMERICAN HEALTH PRIMERS:—X & XII.

THE SKIN IN HEALTH AND DISEASE. By L. Duncan Bulkley, M. D., Attending Physician for Skin and Venereal Diseases at the N. Y. Hospital, Out-Patient Department, Etc. 16mo. pp. 148.

SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M. D., Chairman Dep't of Health, Social Science Association. 16mo. pp. 152. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents each.

I. Dr Bulkley's little book is divided into four chapters: on the anatomy and physiology of the skin, on the care of the skin in health, on diseases of the skin, and on diet and hygiene in disease of the skin,

followed by a very complete index. The author is an experienced writer and practitioner, hence everything he says in this manual is to the point, clear and of practical value. We know of no essay on cutaneous medicine for popular use that approaches this one in everything that makes such a treatise desirable.

II. Dr. Lincoln devotes the greater part of his monograph to school hygiene, a subject of the very highest importance to every member of the community. This "primer" should be read by every intelligent head of a family and is peculiarly adapted to the wants of school boards. The section on the ventilation of school-houses is of very great value. Its recommendations will not be adopted by those who are afraid to increase the expenses of the public schools, however much good might be accomplished by such outlay. The frightful "slaughter of the innocents" which occurs every winter might be greatly diminished if the advice here given were followed.

The brief sketch of industrial hygiene should have been elaborated and made a companion volume. The laboring man can not make a better investment than to expend a half dollar for this, the last number of the series.

We have given a strong endorsement of each volume of this series as it has appeared. That our estimate of their value has not been exaggerated is well shown by the following, which we cite from a recent number of the Philadelphia *Med. Times*:

"The raids of American publishers have been sufficiently violent in their disregard of the rights of English authors, but we doubt if any acts can be found which will quite parallel the recent doings of an English firm. The well-known series of American Health Primers are apparently being republished in London *in extenso*. This is certainly complimentary to their authors; but, unfortunately, the authors' names are suppressed and every effort made to give the impression that the books have been written in England. The series appears as 'Ward & Lock's Long Life Series,' and is

announced as 'accurately written and carefully edited by distinguished members of the medical profession.' Four of the republications have reached this country. In Dr. White's book there is but a single alteration, in Dr. Harlan's one. in Dr. Cohen's eleven, whilst in Dr. J. G. Richardson's changes are made on no less than thirty-seven pages. Two or three of these modifications are slight verbal corrections, whilst the others are of such a character as to show that they were made for the purpose of concealing the American origin of the books."

I. THE PHYSICIAN'S VISITING LIST FOR 1881.

Thirtieth year of publication. Philadelphia: Lindsay & Blakiston, Tucks, pocket and pencil, for 25 patients weekly, \$1 00, for 50 patients weekly, \$1 25. St. Louis: H. R. Hildreth Pr'tg Co.

II. THE MEDICAL RECORD VISITING LIST, or Physicians' Diary for 1881. For 30 patients per week, \$1 25. New York: Wm. Wood & Co. St. Louis: C. C. Pease, 514 Olive street.

III. WALSH'S PHYSICIANS' COMBINED CALL-BOOK AND TABLET. From 18— to 18—. Fourth edition. Mailed, pre-paid, upon receipt of \$1 50, by the publisher: Ralph Walsh, M. D., 326 C street, Washington, D. C.

IV. WALSH'S PHYSICIANS' HANDY LEDGER, a companion to the author's Combined Call-Book and Tablet. Same publisher as last. Mailed on receipt of \$3.

I. Messrs. Lindsay & Blakeston are once more first in the field with their widely esteemed publication. It is such a general favorite that we need only to announce that it "still lives." It makes new friends each year, and its sales are now simply enormous.

II. Messrs Wood & Co. offer a really elegant "Physicians' Diary." It is calculated to attract the eye by its external appearances, while it contains the usual posological tables, lists of poisons and their antidotes, etc. A gauge for urethral sounds, both French and American scales, is furnished with each copy, and is a very valuable addition. It will give satisfaction to every one who buys it.

III. We have always referred to Dr.

Walsh's Call-Book in the highest terms. The fourth edition does not fall away from its predecessors in usefulness. The addition of an erasable tablet, and the size and form of page are greatly in its favor. The fact that it "is good until used" makes it very appropriate for the young doctor who is not troubled with too large a clientage.

IV. Walsh's Handy Ledger still remains the best account book for the physician which can be had for the price asked for it. The system adopted is easily learned, and accounts can be correctly kept with the least possible expenditure of time and labor. We commend it to our readers without reservation.

A TREATISE ON THE DISEASES OF THE EYE. By J. Soelberg Wells, F. R. S., Prof. of Ophthalmology in King's College, London, Etc. Third American, from the third English edition, with copious additions, by Chas. Stedman Bull, A. M., M. D., Surgeon and Pathologist to the N. Y. Eye and Ear Infirmary, Etc. 8vo. pp. 895. Illustrated with 254 engravings on wood and 6 colored plates, together with selections from the Test-Types of Prof. E. Jaeger and Prof. H. Snellen. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: Book & News Co. Cloth, \$5.

This work has been before the profession of America long enough to become well and favorably known.

As it needs no extended notice, we will simply say that it is the best English work published so far. The author being dead, the last American edition (third) has been edited by Dr. Bull, of New York, who has added largely to the text of the old work in the form of interesting paragraphs, which are separated from the main work by being enclosed in brackets with the letter "B" attached.

These paragraphs by Bull are particularly interesting because they give what the New York authorities hold on disputed questions up to the present time.

While the work is open to criticism in some respects, we have no hesitation in

recommending it to the readers of the RECORD as the best English work on ophthalmology.

A. D. W.

THE ART OF PROLONGING LIFE. By Christopher William Hufeland. Edited by Erasmus Wilson, M. D., author of "A System of Anatomy," Etc. From the last London Edition. 12mo. pp. 298. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: Book & News Co. Cloth, \$1.

Dr. Erasmus Wilson performed a labor of love and, at the same time, added much to the enjoyment of his profession when he revised and rendered into modern English the classical work of the old professor of Jena. In these times of restless activity and "fast living" it is worth one's while to inquire into the best means of prolonging one's days. This is especially true in America, where life seems to be worth little and small heed is given to the best means of adding to its duration.

Within the last few years, greater attention has been directed to personal and public hygiene. Much has been written upon sanitary subjects, but an examination of this work shows how slow has been our advance and how few have been the really valuable improvements in this direction made since the learned German professor wrote, about a century ago. We commend this little book, which is presented in elegant style and at a very reasonable price, to the careful and thoughtful attention of our readers.

THE POPULAR SCIENCE MONTHLY. Conducted by E. L. and W. J. Youmans. Published by D. Appleton & Co., 1, 3 and 5 Bond street, New York. Fifty cents per number, \$5 per year.

The December number of this most excellent journal has been received and maintains the high standard it has ever upheld. Outside of medical journals, there is no periodical published in America as well worthy of being placed upon the physician's library table and regularly read by him as the *Popular Science Monthly*. Each num-

ber contains several articles of purely medical interest, either written for it exclusively or copied from one of the best European journals. This number, for example, contains an address on the Early Practice of Medicine by Women, written by Prof. H. Carrington Balton, Ph. D., of Trinity College, Hartford, Conn., and an article on Indigestion as a Cause of Nervous Depression, by Dr. T. Lander Brunton, the talented editor of the *London Practitioner*.

Besides these, there are articles on astronomical, educational, musical, theological and other subjects, all selected with excellent judgment to meet the wants of cultured people both in and out of the profession.

WHAT TO DO FIRST, in Accidents or Poisoning. By Chas. W. Dulles, M. D., Surg. Reg'r to the Hosp. of the Univ. of Pennsylvania, Etc. 16mo. pp. 64. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: Book & News Co. Cloth, 50 cents.

This is a short compend of practical directions for action in emergency cases for popular reading. It is very brief but well written and reasonably full. Too many graduates are unprovided with the information here given. It will have a wide field of usefulness and deserves a extensive circulation.

Miscellaneous Notes.

A CASE of cure of congenital partial deafness by an attack of typhoid fever is reported (Cincinnati *Lancet and Clinic*) by Dr. E. F. Wells, of Minster, O. The patient had been partially deaf until he was forty-five years of age, when he suffered a severe attack of typhoid, during which his hearing was worse than usual. With convalescence his hearing improved, and is now perfect.

TREATMENT OF GOITRE.—Dr. Stevens, of Quebec (*Canadian Jour. of Med. Science*) reports seven cases of goitre cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman, aged forty. The dose given was ten grains three times a day, the tumors entirely disappearing at the end of three months.

ST. LOUIS CLINICAL RECORD.

A. Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, JAN., 1881.

NO. 10.

Original Lectures.

DEVELOPMENT OF THE HUMAN OVUM, EMBRYO AND FÆTUS.

Modified from a Series of Twenty-four Lectures on Embryology Delivered in the Columbia Veterinary College, Sessions 1878-79, and 1879-80.

BY EDWARD C. SPITZKA, M. D.,
Late Professor of Comparative Anatomy and Embryology, Columbia Veterinary College; Curator and Pathologist to N. Y. Medico-Legal Society;
W. and S. Tucker Prize Essayist;
Hammond Prize Essayist.

LECTURE XI.

In many essential features, the development of the skull is but a repetition of that of the vertebral column. Here, as there, the chorda dorsalis constitutes the centre of aggregation for the osteogenic tissues of the primitive cranium. Here as there, the osteogenic tissues wander to the chorda from the protovertebral masses. Here as there the protovertebral masses show segmentation.

The lower the animal in the scale, the more perfectly does the formation of the cranium correspond to the formation of the vertebræ. In the lamprey and other lower fishes the entire skull develops from cartilage like the ordinary bones of the skeleton. The brain is so small that the lateral processes of the cranial axis are able to overlap and to coalesce around it.

In higher animals, as in man, for example, the growth of the brain is so vastly in advance of that of the cranial axis, that

the lateral processes of the latter are unable to meet and enclose the brain; thus they leave a large membranous gap. In this gap, bone subsequently develops, but altogether independently of the cranial axis or the primitive skeletogenic elements.

Embryologists distinguish that part of the cranium which develops at the earliest period and around the chorda as the *primordial cranium*. All the bones developing in the primordial cranium develop from cartilage. The bones which do not develop in the primordial cranium, but originate in the membranous gap, develop from this membrane directly without the intervention of a cartilaginous stage.

From this fact we have the fundamental distinction of *cartilage bone* and *membrane bone* in histology.

Let us trace first the development of the primordial cranium. There are, at an early period, four protovertebral masses on each side of the median line, in the head portion of the embryo, from these originates a columnar mass corresponding to the bodies of vertebræ through which the chorda runs. This mass shows an imperfect segmentation, it corresponds to the bodies of the sphenoid and occipital bones.

On its sides develop lateral masses corresponding to the neural arches of vertebræ. These are the sphenoidal wings and petrous part of the temporal bone as well as the lateral masses of the occipital. From the anterior end of the primordial skull, two long lateral outgrowths proceed, these arch round the gap in which the pituitary body is lodged, unite in front of it, and

constitute the ethmoidal lamina. The pituitary body (*hypophysis cerebri*) therefore projects freely through a hiatus in the base of the skull. This is the normal condition in the lowest vertebrates, where this remarkable body communicates with the pharynx through a species of canal. In man and other higher animals the gap is subsequently obliterated by secondary ossification, and no communication exists between the cranial cavity and the pharynx, in the advanced fœtus or the adult. In the latter we find that not only the aperture of communication is abolished, but in addition that, by ossification the floor of the pituitary fossa becomes completely walled in by bone.

This is a convenient point for considering some features of interest involved in the relations of the pituitary body (*hypophysis cerebri*). As is well-known, physiologists are unable to assign any function to this body. In its structure it presents two subdivisions, which are well demarcated to the naked eye in the dog and cat, for example, though in man and the anthropoid apes, only the microscope enables us to discriminate between them. One of these subdivisions presents a structure which finds no exact counterpart anywhere in the animal economy, it approximates most closely the thyroid gland, perhaps. The other has the structure of gray nerve tissue. We have thus, within the compass of this small body, a coalition of two as widely different tissues as the body exhibits. The explanation for this remarkable union is to be found in the fact, adverted to in the seventh lecture, that the cerebral *hypophysis* is the product of developments taking place at a point where the oral epiblast and the central nervous axis are in connection. We have seen further that the cavity where the product of this development (the *hypophysis*) after becoming individualized and separated from one of its original attachments (the oral epithelium, while it remains attached to the other, the brain, through the infun-

dibulum) is situated, communicates with the pharynx by a sort of duct. Now if we take into account that this partly glandular partly nervous structure is far better developed in the lamprey and other lower vertebrates than in higher animals, in which it appears atrophic, that it is one of the first structures to appear in the embryo, and that its pharyngeal communication is present in lower vertebrates and absent in higher, while it is patent in all embryos and obliterated in adults of higher species, we cannot arrive at any other conclusion than that at some early geological period, in the forerunner of the vertebrata, the pituitary body, so-called, was an important gland which, from its importance, was directly under the innervation of the then primitive forebrain, and which, supplanted by other structures, or merely in obedience to certain morphological exigencies arising in the course of higher development, became rudimentary and lost its function. Its presence, so constant in the vertebrata, is therefore but an ancestral mark, like the *chorda dorsalis*, the caudal appendage of the human embryo, the process of Meckel and the "branchial" slits. These all have no function, unless to aid the establishment of the doctrine of evolution be considered one!

To return to the cranium, we find that the following bones, or parts of bones, originate from the primitive cartilage: the basilar parts of the occipital and sphenoid bones; the petrous and mastoid parts of the temporal bones; the ethmoid. The following ossify from membrane without the intermediate existence of a cartilaginous stage: the entire parietals and the frontal; the sphenoidal wings; the squamous part of the occipital and temporal bones; the *annulus tympanicus* (the part surrounding the external auditory meatus); the pterygoid processes. In a few words, this relation can be expressed by saying that, excluding the pterygoid processes, the base of the skull is formed from cartilage, its vault from membrane.

In studying the development of the base of the cranium, it is found that the sphenoid bone is originally composed of two distinct pieces, ranging in the median line one behind the other. In the horse and other domestic animals, you know that this condition exists even in the adult, and that we have a true sphenoid and a *prætersphenoid* bone in these animals. In man, however, both are represented by a single united bone, it is only in the early fœtus that the same condition is found as in the lower animals. Still the typical mammalian skull has the representative (as some interpret it) of three vertebral *bodies* in the *bodies* of the prætersphenoid, sphenoid and occipital bones. That the two former coalesce in early life and the two latter in old age is merely circumstantial, and comparative anatomy recognizes in them three equivalent segments of what Richard Owen appropriately called the *os tribasilar*.

I stated that the petrous part of the temporal bone was among the parts developed from the primitive cartilage. This is true as far as the external contours and the main masses of that bone are concerned, but does not apply to that exceedingly hard and compact bone which is immediately subjacent to the cavities of the labyrinth.

In studying the development of the bones of the face, we must bear in mind the primitive architecture of the embryonic head as manifested particularly in the visceral arches and slits (Lecture VIII). In some elasmobranch fishes we find that each branchial arch, which is analogous to the human visceral arch, or more properly homologous with it, contains a cartilaginous rod suspended from the cranium. It is the function of these cartilaginous processes to support the gills. In air-breathing vertebrates the corresponding rods developed in the embryo are devoted to a different purpose, since gills are no longer necessary. In the first place, like the visceral arches, they are fewer in number, and only the first few in the series are of any importance. In the

eighth lecture I have detailed how the first visceral arch divides into two detachments, of which the lower, early joining with its fellow of the opposite side, becomes the site of development for the lower jaw. The upper branch does not unite as early, but leaves an immense gap in the face, which is the common orifice of the nasal and oral cavities. At first this upper or supramaxillary branch creeps up under the meanwhile developed eye to unite with the frontal process, at the point where, later, the suture^{*} between the supramaxillary and frontal bones is found. Then deep within the great gap mentioned, a process is sent out from each branch which joins the symmetrical process in the median line, constituting a horizontal partition, separating the mouth from the nasal cavity. Meanwhile the primordial cranium whose anterior part constitutes the posterior^{*} wall of the nasal cavities has sent out at this median cartilaginous plate while growing forwards, and situated vertically, abuts on the horizontal piece just described so that the two together, on section, would represent an inverted T. The horizontal piece is the palate, the vertical one is the ethmo-vomerine plate. In the adult the latter is represented by the perpendicular plate of the ethmoid, the vomer and the cartilage of the septum. It is customary to rank the vomer as a bone of the face, but in its origin it is really a cranial bone, just as much so as the perpendicular plate of the ethmoid, and more so than the orbital plate of the same bone.

The description just given of the differentiation of the nasal and oral cavities applies only to their anterior part. Posteriorly the nasal cavity and mouth show a decided separation from the beginning. That is, there is no opening for the nares, a condition which persists in fish, but is only temporary in air-breathing vertebrates,

^{*} In these lectures, as published in the RECORD, I speak of the embryo as if it occupied the upright position normal to the human species.

where a communication is established by the destruction of the partition tissues at this point.

There could be no more striking comment on the absurdity of the doctrine of the "design in creation" philosophers, than this fact, that where the palate is destined to disappear it is represented in the early embryo, and that where it is destined to be of use in the adult, it is absent at the same period.

The typical vertebra consists, according to transcendental anatomists, of an upper and lower arch. The upper or neural arch persists in all the vertebræ except the last sacral and the coccygeal. The lower, or hæmal arch, disappears in nearly all of them. It does not, however, disappear in the cranial vertebræ, if the metamoral segments of the skull can be so termed. The bones ossifying in the first visceral arch, constitute the homologue of one hæmal or inferior vertebral arch. They are the incus, malleus and the lower jaw. The true signification of these parts can only be understood by referring to their representatives in the adult sauropsidean (reptile, bird) and the early mammalian fœtus.

In the skull of a turtle or alligator, for example, we find articulated by suture (in the bird by a joint) a bone which is known as the *os quadratum*. With this the lower jaw articulates directly. But this lower jaw, unlike the human is composed of several distinct pieces, and the part which carries the joint facet is distinct from the rest and sends a long cartilaginous prolongation deeply into the mandibular portion of the jaw. In the human embryo, the *os quadratum* is replaced and represented by the *incus*, which, like the *quadratum* in the turtle, articulates with the temporal bone.* The *malleus* articulates with the *incus* just as the articulare of the reptile articulates with the *quadratum*.

* In the adult, also, one of the cusps is in synarthrosis with the upper wall of the tympanic cavity.

From the *malleus* a long cartilaginous prolongation runs in the axis of the embryonic maxillary just as in the adult reptile, this is the well-known process of Meckel. When the latter atrophies (for it does not become ossified, but just like the chorda acts as a provisional axis for the aggregation of bone-producing tissues) its shrunken remnant is still noticeable as a ligamentous prolongation from the adult malleus, and running to the Glaserian fissure of the temporal bone, in other words, in the direction of the lower jaw, with which it was originally connected. Thus the bony arch in man is composed of the same elements as in the reptile, only in a different proportionate development.

The second arch is also well represented. In the domestic animals more perfectly than in man. In the horse, the hyoid arch is directly suspended from the temporal bone by its styloid appendage, in man there is a large ligamentous interval. This bony arch is developed in the second visceral arch. The stapes is also developed from elements contained in the second visceral arch.

As the details of ossification, the development of the bony centres and the histogenesis of bone are dealt with in the handbooks on general anatomy, I will not take up time by discussing them here.

NEW YORK, 180 E. 50th street.

EXTERNAL HEMORRHOIDS—EPITHELIOMA OF LIP—CAVERNOUS NÆVUS.

Clinical Lecture by Prof. S. D. Gross, M. D.

[Reported Specially for the Clinical Record.]

CASE I.—This is a trouble for which you will be very frequently consulted. You notice this little tumor on the verge of the anus. It is characteristic in appearance and is the cause of great pain. The man first noticed its presence yesterday afternoon following a passage accompanied by a good deal of straining. The tumor is un-

commonly large for a pile. It is of the usual bluish color, and imparts a decided sense of tightness to the touch. Hæmorrhoidal tumors are of two kinds, external and internal. The internal pile is within the sphincter ani muscle and consists of a knot of hypertrophied arteries and veins. It is commonly soft and spongy in texture. The external hæmorrhoid is of a very different character. It is external to the sphincter ani, but is very often strangulated by the contraction of that muscle. It consists of an extravasation of blood from the hæmorrhoidal vessels, is, in fact, a sort of apoplexy at the verge of the anus. As regards the treatment of an external hæmorrhoid, Erichsen, of London, and Bryant, of Guy's Hospital, advise its immediate removal with a knife. This is a truly villainous practice, and attended with great risk of obstinate hemorrhage. The American surgeon incises the tumor with a bistoury and presses out its contents, *i. e.*, the contained clot of blood. The structure of an external hæmorrhoid consists entirely of this clot of blood. The slight operation relieves the pain and tension at once. As an after treatment the parts should be well bathed with cold water and some medicine given to act on the liver and bowels.

CASE II.—This man is a farmer, and fifty-five years of age. He always enjoyed good health until last April, when, following a slight local irritation in shaving, a small wart made its appearance on the outer portion of the upper lip. This wart gradually increased in size. The man consulted a neighboring physician who laid the wart open and cauterized it every day for a month, with the result you now see, a roundish, lobulated ulcer, giving forth a constant sanious discharge, causing frequent twinges of sharp, lancinating pain. This ulcer extends from within one-half inch of the median line of the upper lip, across the cheek one and a quarter inches, to the left angle of the mouth, and from the border of the mouth to within one-

eighth of an inch of the left ala of the nose. You notice this little nodule or tubercle on one side, which illustrates in an excellent way the mode of growth of the epithelial cancer or carcinoma, showing how actively proliferation goes on. On last Wednesday I operated on an epithelial cancer of the lower lip in a young man only thirty-five years of age. Cancer is rare at such an early age. It does not usually attack a person under the age of fifty. The treatment in this case will be, of course, the immediate removal of the growth. The man has been put thoroughly under the influence of ether while I have been speaking to you. The disease, in this instance, does not involve the mucous membrane of the mouth or lips. In cutting I shall go as far as possible from the limits of disease. This will be a very nasty and bloody operation, and I am much afraid that the man will be pretty thoroughly out of the influence of the ether before I get through with the cutting. I begin by making a rectangular incision down to the bone, cutting well up on the cheek between the cancer and the left ala of the nose and prolonging the left side of the mouth. Now, that I have cut out all the diseased tissue, I proceed to take up the flesh along the canine fossa of the upper jaw-bone, and well up towards the orbit so that I may slip my flap forward sufficiently. You will always have to expect great hemorrhage in these operations on the lower part of the face. Before bringing the flaps together, my assistants carefully tie all these spurting arteries. The hemorrhage is still considerable, however, for no part of the body is more vascular than the face. By loosening the right side of the upper lip and sliding it well over, you see that I have succeeded admirably in filling up the gap. There may possibly be some slight deformity of the left corner of the mouth, but that will not make much difference, particularly in the case of a man who can let his moustache grow and cover

the scar. The mouth looks a little drawn up, but nature will bring it back into shape.

CASE III.—You notice this soft, elastic tumor over the upper portion of the left frontal bone. It is as large as an almond and is traversed by veins. This tumor grows hard and tense. This is what is commonly known as a mother's mark. These tumors are known as *cavernous angioma*, and consist of dilated veins, or arteries, or both. Sometimes the veins predominate, sometimes the arteries. These veins and arteries are, of course, of capillary size. There are a great many ways of operating in a case like this. In a recent instance I tried to cut away the growth under the skin so as to avoid a bad looking scar, but I found it of no use. On another occasion I tried cauterization, heating the bulb of the cautery and perforating the tumor in many places, but it did no real good. The proper way to treat such cases is the one which I shall now adopt. I push two oiled pins right through the base of the growth so that they cross each other at right angles. I then take a sharp knife and cut a groove in the skin between the points of insertion and of exit of the two pins, and then pass a stout ligature round the base of the naevus and underneath the pins. I draw this ligature just as tight as I possibly can, so as to completely strangle the growth. When this is done the vessels of the tumor are obliterated, new matter is thrown out and the tumor itself sloughs off in course of four or five days, leaving an open, granulating wound, which must be protected by some mild ointment. Before dismissing the case, I cut off the ends of the pins so that they will not catch the clothing. There is no use whatever in temporizing in these cases by the use of the cautery, etc.

DR. J. MARION SIMS has been dangerously sick, but, we understand, is in a fair way to recover. Science could ill afford to lose the great gynecologist.

Original Communications.

ON OBSCURE ABSCESS OF THE LIVER.

Their Association with Hypochondria and their Treatment.

BY WILLIAM A. HAMMOND, M. D.,
Surgeon-General U. S. Army (retired). Professor of
Diseases of the Mind and Nervous System in
the University of New York, etc.

PART II.

Since the first part of this paper was published in the *St. Louis CLINICAL RECORD*, June, 1878, I have acquired much additional information and experience relative to hepatic abscesses. Soon after it was read before the Neurological Society, I received the following interesting letter from Dr. J. O. Shaw, then the President, and now Superintendent of the King's County Lunatic Asylum, at Flatbush, which has an important bearing on the subject in several of its relations:

184 REMSEN ST., BROOKLYN, }
June 16, 1878. }

My Dear Doctor:

Yesterday I had the good fortune to make a *post-mortem* examination for the coroner, and which will, perhaps, be of some interest to you.

A Mr. R—, seventy years old, a native of Maine, but in the habit of travelling about and having no fixed residence for more than five months at a time, for the past five months has been in Washington. During that time frequently consulted Dr. Johnson, of that city, who believed him to have some malarial difficulty and enlargement of the liver. He came to Brooklyn on a visit five weeks ago. During this time he has been confined to his bed-room, having general debility, nausea, hiccough, etc. Refused to see a physician, having expressed a dislike to the profession, but was under the care of a female electrician. Suddenly one day he was seized with what his wife supposed to be paralysis, twitching of the muscles about the face, semi-comatose condition, apparently unable to speak and to swallow, and in four hours died.

I made the *post-mortem* for the coro-

ner. Brain: generalized pachymeningitis; a good deal of fluid in the ventricles and subpial space; otherwise nothing abnormal.

Chest, nothing special.

Kidneys degenerated.

Right lobe of liver *very much* enlarged. There was a small dark spot on the anterior surface of the right lobe. The tissue normal. This was soft and flabby. I immediately saw that it was an abscess. The abscess had perforated at the black spot

'Now it appears to me that this is a very interesting case in view of the papers on abscess of the liver by Dr. Davis and yourself, and if aspiration had been performed in this case in the spaces indicated by Dr. Davis and yourself, there is not the least doubt that the larger abscess would surely have been struck. The wall on the posterior surface was much thinner than it was on the anterior, and if the needle had been carried a little downward, it would posi-

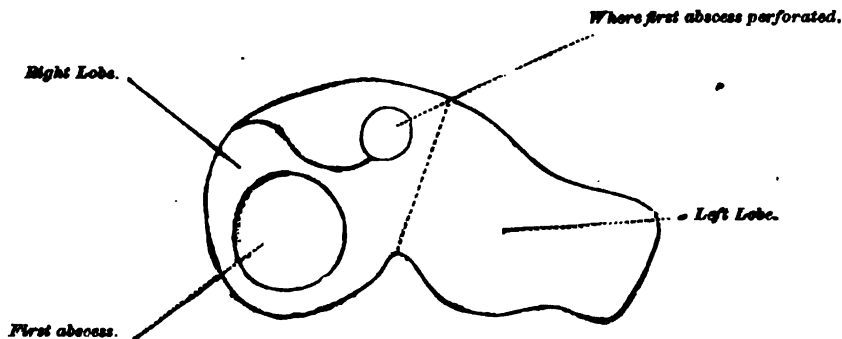


FIG. 1.

(see Fig. 1), and about three ounces of pus were discharged into the peritoneal cavity, and death resulted from shock. This abscess extended backward pretty deeply into the cavity of the liver, and contained about eight ounces of creamy-looking pus without odor.

But I found another one lower down, which contained about twelve ounces of greenish-looking pus without odor (see Fig. 1). The outlines show the position of the abscess. The walls of both abscesses inside had septa of liver tissue projecting into the cavity somewhat after this style:

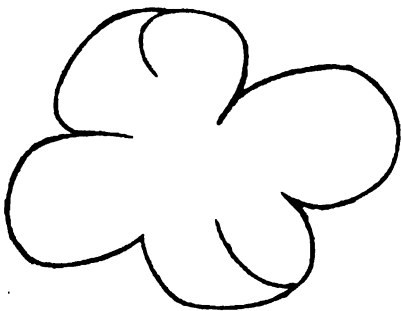


FIG. 2.

You will see from the first diagram that the wall between the two abscesses is comparatively thin.

tively have entered the abscess cavity. The smaller abscess might possibly have been struck, but it was more on the anterior surface of the liver, and there was a great deal of liver tissue posterior to it, and it would, perhaps, less likely have been reached.

This man does not appear to have been a hypochondriac, but I will relate what was told me before the *post-mortem* was made. He was stopping in the house of his brother-in-law, so that the history is reliable:

For several years past, this gentleman has been a firm believer in spiritualism, and he had constantly tried to convert every one of his relatives and friends to his peculiar views on this subject, and when he was unable to do so, he would become quite excited and almost violent. He had so persistently done this, and in such an obnoxious way, that he was detested by all his relatives and every one who knew him, and they did not hesitate to say they were glad he was dead.

Was this mental condition brought about by changes in the liver? He was in the habit of stating that he saw spirits all around him. I remain,

Yours very truly,

J. C. SHAW.

Nothing could be more conclusive in re-

lation to the subject of this paper than this letter of Dr. Shaw. It is especially valuable as regards the facts of the relation between mental derangement and hepatic abscess, the proper point at which the opening into the abscess should be made and that the existence of abscess was not suspected during life.

The former paper (the first part of the present communication) contained the details of five cases in which aspiration led to the successful removal of pus from the liver. In the present paper I have to record ten additional cases, as follows:

CASE I.—Mrs. Y., of Maine, had been insane and in a lunatic asylum; consulted me, December 16, 1878, for symptoms indicative of recurring mental derangement.

On examination, found no evidence of enlargement of the liver or of fluctuation, and determined not to perform an operation. Medical treatment tending to no very decided result, I made another examination and thought I detected obscure fluctuation.

On the 28th, I operated by aspiration in the ninth intercostal space and evacuated four ounces of pus.

There were no untoward results, and on January 30th she returned home, to all appearance well.

Several months afterward the mental symptoms reappeared, and she was again placed in an asylum where she now is.

CASE II.—Mr. B. had been a patient of mine for several years, for well-marked hypochondria. He was exceedingly depressed in spirits and constantly fancying himself the subject of abdominal diseases of various kinds. He slept very badly, and was subject to headache, vertigo and distressing noises in his ears; these latter, sometimes simulating voices uttering words of command or of warning. Another important phenomenon was the uncontrollable tendency to repeat some words which had caught his ear during the day. Thus, going down Broadway one morning, he heard a stage driver swearing at his horses, and the expressions were at once caught up by him and repeated aloud all that day, so that, as his wife said, she was sure he said, "Damn you, what do you mean," at least a thousand times.

He improved and relapsed several times

during the five years that he was at intervals under my charge, till about April 1, 1879, he consulted me again.

In the meantime I had had my attention directed to abscess of the liver as an accompaniment, if not a result of cerebral derangement, and on examining him I detected unequivocal evidence of fluid, although there was not the slightest apparent enlargement of the liver.

He consented to an operation, and on April 21st, assisted by Dr. W. J. Morton and my son, Dr. Graeme M. Hammond, I aspirated the liver in the ninth intercostal space, Dr. Morton administering ether to the extent of producing decided but not profound anæsthesia. At the depth of one and three-quarter inches pus began to flow, and eight and a quarter ounces were evacuated.

There were no unpleasant symptoms; the recovery of the patient was rapid, and since that time he has remained perfectly well.

At the time of the operation he was greatly emaciated, weighing only one hundred and twenty-eight pounds, though over five feet nine inches in height. During the first week subsequently he gained eleven pounds, and is now sufficiently stout, weighing probably one hundred and fifty pounds.

CASE III.—In regard to this case I cannot do better than to transmit the account of it read to the Medical Society of Virginia, at its meeting October 21, 1879, by Dr. J. Marign Sims, who kindly assisted in the operation and administered chloroform to the patient.

After giving some account of my previous operations,* Dr. Sims continued:

"Now, Mr. President, I come to speak of a case in which we all feel, not only a scientific, but a deep personal interest. A gentleman, well known to most of you per-

* In this account Dr. Sims fell into an error. He states that one of the patients had the operation repeated by a physician in the south of France, and that pus was again evacuated. The physician, Dr. O. Velasco, of Nice, wrote to me that he had detected fluctuation in the patient's liver, and asking for an account of the operation I had performed on him. I sent him a copy of my paper containing a full report of the case. But it appears he was mistaken, as there was apparently no return, and no second operation was performed. I wrote a correction of this error, and gave it to Dr. Sims for publication, as soon as I was made aware of his mistake by the appearance of his paper in the *Virginia Medical Monthly*, but he mislaid my letter, and the rectification has not been made till now.

sonally, and to all of you by reputation, engaged in the arduous duties of a journalist, and professor in a medical college, having been all his life in a malarious region, was suddenly stricken with fever in August, 1878. Up to this time he had enjoyed, apparently, good health, but had been much over-worked. The fever was of a remittent type, with a tendency to congestion of the brain, but it did not yield to the remedies, and at the end of four weeks he was taken from his home to a mountain region. Here he gradually improved, and in November he returned home and began the winter course of lectures. During the second lecture he was taken with convulsions, and was obliged to resign his professorial chair. During the winter he was completely invalided. The prominent symptoms were congestion of the brain, insomnia, and great depression of spirits. In the month of March, 1879, he became anxious concerning his own condition, and looked forward with great despondency to the future.

In the month of June he went to Staunton, Va., where he remained a month, and was somewhat improved. From there he went to the White Sulphur Springs, in West Virginia, where he remained two months, but was not the least benefited by his travel. He there met many of his old medical friends from this and other parts of the South. Many of them, feeling a great personal interest in him, investigated his case minutely, but were unable to afford him any relief.

Early in October he came to New York, still complaining of his head, daily paroxysms of fever, complete insomnia, and great depression of spirits. I saw him, and called in one of our most eminent physicians who, after a thorough examination, declared his case to be one of profound malarial poisoning. He advised him to give up his former residence and go to a mountain region where there are no causes of malaria. Not being able to do this, he concluded to remain in New York. A week passed, and he was no better. I then called Dr. William A. Hammond to see him. Judging from the brain symptoms alone, he thought it was a case of abscess of the liver. On examination, his liver was found to be a little enlarged, and by palpation he was enabled to detect fluctuation, and to say positively that there was an abscess in the right lobe of the liver.

His method of determining this was very simple. He placed the patient on his back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of a line falling from the middle of the axilla. Then, by gentle tapping or percussion at a point about two inches above the umbilicus, and a little to the right of the middle line, fluctuation was detected by the fingers of the left hand. I immediately imitated his process, and thought that the motion felt by the left hand was due to the impulse of the liver alone against the ribs. However, I have examined other cases since where the liver was supposed to be healthy, and could not produce a similar sensation to that found in this case. Dr. Hammond's practiced touch enabled him to say positively that there was fluctuation in this case, and therefore an abscess.

On the following day he verified his diagnosis by aspiration, and drew off eight and a half ounces of pus, a specimen of which I now show you. I hope you will appoint some expert to examine and report upon it.*

After this operation our patient had a good night's rest, the first for a very long time; and, judging from Dr. Hammond's experience, we have a right to expect that he will be again soon restored to health and usefulness.

Many of you will be surprised and all of

* This specimen of pus was handed over to Dr. Robert C. Powell, of Alexandria, Va., who promised to have it examined, etc. The following letter was duly received by the Recording Secretary:

ALEXANDRIA, VA., Oct. 26, 1879.

DEAR DOCTOR:—I am sorry that the microscopic examination of the pus left by Dr. Sims at our late meeting does not furnish anything interesting. It had been so long drawn from the abscess that the corpuscles were broken down by disintegration, and it was difficult to get a view of a perfect one. Besides the debris of pus corpuscles, the fluid contained a large number of hepatic cells, imbedded in which were oil globules; but this fact does not prove fatty degeneration of the liver, except that portion of it in contact with the abscess. There was also some blue coloring matter in the pus, which was doubtless derived from what the bottle contained previous to holding the pus, as it was neither indican nor the blue opalescence produced by vibriones; it was probably some ferric salt.

Yours truly,

R. C. POWELL.

P. S.—The examination of the pus was made by Dr. J. J. Woodward, of Washington, D. C., with Ross' large compound microscope with a magnifying power of 500 diameters. Very few objects can escape such an instrument as this.

R. C. P.

you will feel special interest in the case when I tell you that the subject of this operation was Dr. E. S. Gaillard, lately of Louisville, Kentucky."

In a note, it is further stated by the recording secretary that a letter from Dr. Sims, of December 20th, 1879, gives the pleasing information that Dr. Gaillard was then in the enjoyment of good health. Subsequently, however, from mental overwork there were symptoms of a relapse to the cerebral disturbance. Repeated examinations of the liver failed, however, to reveal the existence of fluctuation, and, moreover, the mental and other brain symptoms were not of such a character as to lead me to suppose that another abscess existed, or that the old cavity had refilled. Nevertheless, in order to satisfy the patient, who had imbibed the idea of another abscess, and whose mind was, in consequence, greatly disturbed thereby, I operated again, somewhat under protest. There was no pus. At the present time (Dec. 5, 1880) he is in excellent physical and mental health.

CASE IV.—Mr. O. consulted me, August 22, 1879. The patient had had repeated attacks of pneumonia and was at the time tuberculous; but the most prominent symptoms were vertigo, insomnia, a sensation of weight or heaviness in the head, and great depression of spirits amounting almost to melancholia. Examination showed the existence of marked fluctuation, though there was no apparent enlargement of the liver.

On the 24th, assisted by my son, Dr. G. M. Hammond, I operated, evacuating seven ounces of a creamy-looking pus without odor.

On the 30th the patient went to his home in western Pennsylvania with complete relief of all his head symptoms.

During the winter he suffered greatly with his lungs, and late in the spring died of phthisis.

In this case there was a probable return of the accumulation of pus in the liver, but I did not see him after he left New York, and there was, unfortunately, no *post-mortem* examination.

CASE V.—Mr. M., of Michigan, consulted me, July 23, 1879, for a condition which I diagnosticated as cerebral hyperæmia. He visited me daily till the 30th, when I discharged him, to all appearance cured.

On August 19th he again visited me, having in the meantime been at a watering place, his symptoms having returned.

Under like treatment, as in the first instance (bromide of sodium, ergot and cauterization of the nape of the neck), he improved, and on the 22d was again discharged.

On October 11th he returned in as bad a state as in the beginning, and I then, for the first time, suspected hepatic abscess, as with his other symptoms there was decided hypochondria. On examination, however, I could detect neither fluctuation nor enlargement of the liver.

I determined, however, to operate, and on the 13th proceeded to do so.

An examination led to no definite results, though I thought there was slight fluctuation, but neither Dr. W. J. Morton nor my son could discover it. The patient was placed under ether by Dr. Morton, and on introducing the aspirator needle between the eighth and ninth ribs, as in other cases, at the depth of one inch and a half, pus began to flow, and seven and a half ounces of odorless, creamy pus escaped.

The symptoms at once ceased and have not since recurred. At the present time the patient is in excellent health. I saw him about a month since, on his return from Europe, when he again consulted me for slight gastric trouble, but none of the old symptoms had recurred.

CASE VI.—Mrs. J., of North Carolina, was first seen by me November 4th, 1879. She was then on the verge of insanity—was crying and wringing her hands through the influence of the intense melancholy which affected her; was unable to sleep; had pain in her head, dizziness and noises in her ears. She was certain she had committed some heinous sin and was sure she was lost both in this world and that to come.

Repeated examinations convinced me that she was suffering from abscess of the liver. She had had several malarious attacks. There was no direct evidence of abscess, except indistinct fluctuation; not even pain on strong pressure.

On the 11th I aspirated the liver in the usual situation, and at the depth of two inches reached pus. Nine and a half ounces were evacuated. It contained liver tissue, pigment cells and oil globules, and was free from odor.

Mrs. J. at once began to improve, and

in less than two weeks left for her home in Charleston entirely restored. She has remained well ever since.

CASE VII.—Mr. B. consulted me, January 19th, 1879, for symptoms strongly indicative of a malarial origin. He had had repeated attacks of intermittent fever and had also suffered from dysentery. His body was emaciated and his general health below the normal standard.

On examination I found enlargement of the spleen and liver, and ascertained that both these organs had been the seat of pain.

His head symptoms were well-marked. There were vertigo, pain, insomnia, confusion of ideas at times, inability to concentrate the attention for any considerable period without causing a notable aggravation of the uncomfortable feeling which almost always existed in the head. There was also great mental depression. Suspecting the existence of pigmentary deposits in the brain, I examined the blood with the microscope and discovered numerous granules of black pigment in this fluid. There were, however, no pigmentary deposits in the retina, such as I had found in other cases of malarial poisoning and of hepatic and splenic derangement.

Again examining the liver more thoroughly, I ascertained that strong pressure produced a deep-seated pain in the organ and that distinct fluctuation existed.

On the 21st I operated by aspiration, and gave exit to ten a half ounces of a grayish-colored pus free from odor. On microscopical examination this was seen to contain large quantities of pigment and broken-down liver tissue.

There were no untoward symptoms, and the patient began to improve from the very first day of the operation. On February 3d he left for his home in Virginia in a fair state of health, but from March 1st to the 6th he was again under my charge for a condition similar to that for which I had first treated him, except that there were no local liver symptoms. There was still pigment in the blood, and my original suspicion of like deposits in the cortex of the brain was revived. Under the use of arsenic and bromide of sodium, amendment was again produced, and he again returned home. I heard at intervals from him for several months. Sometimes he was better and again worse, but as he continued to live in a malarious region I had no expectation of certain recovery.

CASE VIII.—Mr. P., a prominent citizen of northern Ohio, consulted me, November 7, 1879, for inability to sleep, pain in the head, vertigo, persistent and intense mental depression, and an impossibility of exerting the mind without an increase in the cerebral disturbance. I diagnosed cerebral hyperæmia, and this opinion was confirmed by the ophthalmoscopic examination, and by the fact that the temperature of the head, as shown by Lombard's instrument, was 1.2° Fahrenheit higher than the normal standard. On examining the right hypochondriac region, I could detect no evidence of liver enlargement, or of soreness on pressure, and no fluctuation. I determined, therefore, as there had been no symptoms directly referable to the liver, to treat the case with bromide of sodium, ergot, and counter-irritation to the nape of the neck. These measures were continued till the 19th, when, there being no such decided improvement as would have resulted in ordinary cases, I resolved to aspirate the liver.

On the 20th, assisted by Surgeon-General Wales, of the Navy, and my son, Dr. G. M. Hammond, I operated. Before doing so, however, Dr. Wales examined the patient very thoroughly, and agreed with me that there were no signs of abscess to be detected. Nevertheless, he concurred in the view that under the circumstances, the operation was a justifiable one, and he was kind enough to administer ether to the patient.

At the depth of an inch and seven-eighths the cavity of an abscess was reached and pus began to flow. Seven ounces and a half of a creamy, odorless pus were evacuated. Amendment was immediate and progressive, and in the course of ten days the patient returned to his home and entered upon the discharge of his duties as a member of the Senate of Ohio. Several letters since received from him inform me of the complete and permanent restoration of health.

CASE IX.—Mr. C., from northern Pennsylvania, came under my care, May 26, 1880, suffering from the ordinary symptoms of cerebral hyperæmia, and, in addition, with severe hemorrhoids. His cerebral disorder was often relieved by extensive hemorrhages from the rectum, but these had lately become so frequent as to reduce him to an extreme point. He had also had repeated attacks of diarrhœa alter-

nating with long periods of obstinate constipation.

In this case there were found on examination very obvious symptoms of liver abscess, pain on pressure over the region of the liver, enlargement and fluctuation. On the 28th, assisted by Dr. G. M. Hammond, I operated through the ninth intercostal space, and gave exit to eleven ounces of creamy-looking and odorless pus.

Mr. C. began at once to improve in every respect, and at the end of a month was free from hemorrhoids; had had no hemorrhage from the bowels, and was, moreover, entirely relieved of his head symptoms.

CASE X.—Mr. N., of northern Alabama, consulted me, March 12, 1880, for a condition which I diagnosticated as cerebral hyperæmia. Among his prominent symptoms were insomnia, pain in the head, vertigo, depression of spirits, a decided tendency to hypochondria, and "nervous dyspepsia." He had suffered in this way for over a year, with scarcely any mitigation of his symptoms.

I treated him with bromide of sodium, pepsine, charcoal, and attention to his diet, and on April 1st he returned home apparently cured. I expressed the opinion to him and to his friend and mine, the Right Reverend Bishop of Tennessee, that he would remain cured unless there was an abscess of the liver. Repeated examinations had failed to disclose the slightest local symptoms of liver disease, and I did not believe such condition existed. I several times thought of making an exploratory puncture, but he continued to improve so systematically that I was convinced there was no such trouble.

However, on August 8, 1880, he returned in almost as bad a condition as when I first saw him, and I then determined, although there were still no local signs, to aspirate the liver.

Accordingly, on the 13th, after he had been thoroughly examined by Prof. W. H. Polk, M. D., who, however, detected no sign of pus in the liver beyond the sensation of fluctuation, the import of which he doubted, I operated by aspiration in the usual place, Prof. Polk administering ether to the patient, and Bishop Quintard, of Tennessee, being present. The latter has the degree of M. D., and was at one time a professor in a medical college. At the depth of an inch and a half pus began to flow, and seven and three-quarter ounces

were evacuated, to the great astonishment of the gentlemen present, both of whom, I think I may say with truth, were confident that I was mistaken in my diagnosis.

The patient began to amend, and in a few days went to Saratoga.

On the 21st he wrote me that the water was benefiting him very much, and that he was sleeping well. On the 24th he went home, without stopping to see me in New York, but a letter received from him since his return, dated September 29th, informs me that he is no better than before the operation.

In this case, though the operation appears not to have been followed by any notable improvement in the health of the patient, it is very evident that its performance probably saved his life, and I attribute much of his continued ill health to his disregard of my instructions, in hurrying home to his business before he was in fit condition to attend to work of any severe kind such as his is.

In all I have aspirated the liver successfully for abscess fifteen times.

In one case there was a hydatid cyst. In twenty-seven cases there was neither pus nor any other fluid evacuated; making a total of forty-three cases.

In no case was the operation followed by the slightest untoward result.

In no case had adhesions formed between the surface of the liver and the abdominal wall.

Cases of importance in connection with those I have reported have occurred to other physicians.

Thus, Dr. J. Marion Sims operated by aspiration on a lady in whom certainly the existence of abscess of the liver would not ordinarily have been suspected. I examined her very thoroughly, and the sensation of fluctuation, as generally described, was not present, neither was there any enlargement of the liver, nor adhesions. The operation was performed by Dr. Sims through the ninth intercostal space, in my presence and that of several other physicians, and about half a pint of pus was evacuated. Within ten days afterward the patient died, and on *post-mortem* examina-

tion a cancerous mass was found involving the duodenum and left lobe of the liver, and the abscess cavity, contracted to the dimensions of a walnut, was found situated in the right lobe.

Dr. C. C. Lee operated in like manner on a woman, a patient of the New York State Women's Hospital, and evacuated a large abscess. No adhesions had been formed between the liver and abdominal wall. The patient subsequently died.

Both these cases appear to have been abscesses of a different character from those which have come under my observation, and were probably of idiopathic or cachectic origin, and not the result of cerebral disturbance.

But a case has been reported by Dr. W. H. De Witt,* of Cincinnati, which is in the highest degree confirmatory of some of the points insisted upon in this paper, and which I cite in full:

"The following case will illustrate the close relation or intimacy existing between the brain and liver, as recently pointed out by Dr. Hammond, of New York City:

On October 18, 1879, I was first called to see Mr. H., carpenter by occupation; until quite recently has enjoyed very good health, with the exception of an occasional *malarial attack*. For more than twelve years has been a periodical drinker. During his sprees, which occurred about every six weeks, he would drink an enormous amount of poor whisky and beer, usually mixing the two drinks.

Upon entering his room I found him lying upon his back with both hands firmly applied to the head. I at once asked him what motive he had in thus compressing the parts, and in response he informed me that for several consecutive days and nights he had suffered from the most excruciating headache, and that the pressure seemed to afford some relief.

In further conversation, I very soon detected that his mental faculties were very obtuse. For a few moments, perhaps, he

would converse quite intelligibly, but would then wander off on some other subject entirely foreign. His mental condition was such that I could not possibly get a connected or reliable history of his case. Consequently, I was forced to rely mainly upon his wife's statements, she being quite an intelligent woman. She informed me that for more than a week past he had suffered more or less from headache, and that recently it had grown more severe. On the day previous she first noticed his mental instability; thought little of it; supposed it due to the pain. She also stated that for six consecutive days, at about the same hour of the day, he had a well-pronounced chill, lasting several minutes, followed in each instance by fever. At no time had he complained of pain in the right side. These, with several minor statements, were all that could be elicited.

A careful examination of the body gave negative results. There was no enlargement or tenderness in right hypochondriac region—certainly no pain. After weighing all the symptoms, I concluded that I had a clear case of malarial fever to deal with. My diagnosis was largely strengthened by the fact that he had within a few weeks past been treated for ague. It did not occur to me at the time that there was obscure and deep-seated abscess of the liver. In fact, this was not dreamed of. I ordered him, as customary each day, about five hours before the expected chill, twelve grains of quinine in solution. This was continued for three days without any improvement in symptoms. The quantity was then increased to fifteen grains. Still he continued to have chills, notwithstanding the large amount of quinine taken. I was pretty well satisfied in my own mind at this juncture of the case that there was some latent or obscure cause. Hoping to discover the same, I again examined carefully every portion of the body, but with the same negative results as in the former examination. On the succeeding day (Nov 19) at my morning visit the wife informed me that he had been very restless during a greater part of the night, and that his bowels had moved several times, and, as she thought, chiefly consisting of blood. I found, on examination, as she had very wisely taken the precaution to preserve the stools, that they consisted very largely of pus and blood, the former being largely in excess. This, of course, settled the mys-

*"Hyperæmia of the Brain Associated with Hepatic Abscess." By W. H. De Witt, M. D., Lecturer on Diseases of the Mind in the Miami Medical College of Cincinnati, late Resident Physician to the Cincinnati Hospital for the Insane, etc.—*Medical Gazette*, April 3, 1880.

tery at once, explained the cause of chills, and failure of quinine to arrest them. On the following day the patient was taken to the hospital. I saw nothing more of him until recently he called at my office, apparently a well man. This case clearly illustrates the facts set forth by Dr. Hammond, that there may exist either single or multiple abscess of the liver without any symptoms other than those pointed out in this case."

Here I leave the subject for the present, trusting that it will not be found devoid of interest in its practical as well as scientific relations. The connection existing between the liver and brain, as exemplified in the occasional occurrence of abscess of the former organ as the consequence of wounds or injuries of the latter, has long been known. The subject, as considered in the present paper, is, so far as that point is concerned, a contribution in the same direction of interdependence. But the others, that abscess may exist without revealing itself by the ordinary signs, that the puncture should take place before adhesions are formed, and that the proper place to operate is in one of the right intercostal spaces, are, I think, of equal importance.

NEW YORK, 48 West 54th street.

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PILOCARPUS PINNATIFOLIUS
(**JABORANDI**).

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BY ROBERT M. KING, M. D.
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It is not our intention to describe in language more fanciful than real, or to claim for the drug, the name of which heads this article, virtues and powers that have no basis in fact, observation or experience. Too many remedies have already come before the profession with high sounding names, their introducers claiming for them, in trumpet tones, wonderful and magical powers; commanding for a brief period popular applause and commendation and then passing into merited oblivion. This, however, should not be charged to the remedy, but to the writer, who is often

an enthusiast or novice in this field of literature. Human nature is the same the world over, and men now, as in times past, are too willing to discard the *true and tried friends* of a former day that their places may be occupied by *new comers* and their praises sung by some tyro of the healing art, who, from mercenary motives or a prurient desire for notoriety, becomes the ready *tool* of the *medicine vendor*. The *materia medica* of to-day is full of worthless remedies and the *debris* of blasted hopes, expectations and promises created by such *pufferies*, until one's head and heart grows weary and sick at the recital of the various specifics and "cure alls" that would be far more appropriate in some book of fairy tales than in a rational and scientific compend of medicine. But the science and art of medicine are growing apace, and it behooves every member of the profession to keep step to the rapid advances being made and to faithfully reveal every fact and observation that bring to light the therapeutical and physiological action of remedies.

Jaborandi, or its active principle, pilocarpin, although of comparatively recent date, does not come unheralded, as it has already received sufficient endorsement from recognized authority as to its efficacy as a remedial agent to lay claim to the honest inquirer's attention for a brief notice at this time. The shrub from which it is derived is a native of Brazil, and was first introduced in Paris by Dr. Continho, of Pernambuco. He claimed for it then, sialagogue and diaphoretic powers, and the few years that have elapsed since that time have amply confirmed his views. It has been described by Professors Bailien and Engler, and again investigated by E. M. Holmes. "A small quantity of a volatile oil was found by Byasson in the specimen sent by Dr. Continho, and an alkaloid for which he suggested the name jaborandin" (Am. Dis.). In May, of the same year, A. W. Gerrard "reported an alkaloid and named it pilocarpin, a name previously sug-

gested by E. M. Holmes, in anticipation of an alkaloid from the plant" (Sup. Am. Dis., p. 123). It has a hot and pungent taste when swallowed, and in about ten minutes after its administration, "the face, eyes, ears and neck become deeply flushed," almost at the same time perspiration begins, together with an abundant flow of saliva. The nasal and bronchial mucous membrane secretes freely, the tears flow profusely, and occasionally the whole mucous surface, from the mouth to the anus, secretes with more than functional activity. This state of things may continue from two to four hours, as was verified by a case in my own practice recently. Given in a diminished dose, the salivation may become profuse, but perspiration fail to follow. "Langey shows that a profuse salivation of the sub-maxillary occurs, even after section of the chorda-tympani nerve, and the sympathetic supplying the gland" (Ringer). The pulse increases in frequency and continues so for several hours after the administration of the remedy, and is due evidently to the increased action of the heart by reason of the low blood pressure, or diminution of the arterial tension.

"Robin contends that a transient rise of temperature precedes the fall, while Ringer and Riegel deny the occurrence of the observation," (Bartholow). My own experience is, that the temperature varies with the dose given, and that no perceivable change in temperature either preceding or following the administration is noticeable if the dose is not sufficiently large to produce its peculiar physiological effect. Bartholow states that the effects of the drug in children is much less for corresponding doses than in adults as respects the flushing, the salivation, the sweating and the temperature. An antagonism has been shown to exist between this drug and belladonna, the former contracts and arrests the action of the heart in diastole, while the latter can restore its normal state, and this fact lead Mr. Langey to conclude that

"jaborandi slows and arrests the heart by stimulating the same nervous apparatus that atropia paralyzes, and so quickens the heart, namely, the intra-cranial inhibiting apparatus," (Ringer). The remedy is depressing, producing, at times, vertigo, great nausea and distress, and should be interdicted in all valvular cardiac troubles, or cautiously and carefully prescribed. It frequently produces slight narcosis and occasions, sometimes, hyperæsthesia of the scalp and vesical irritation.

Ringer adds his testimony in favor of its increasing the mammary secretion, and his statement and observation is corroborated by the experience of Dr. Bartholow. Its action on the glandular system is evidently due to its effect on the "end organs of the excito-secretory nerves," and its general action to its paralysis of the vaso-motor system; but M. Gubler "states that in addition a special irritating action upon the sudoriparous and salivary glands, and upon the renal glomeruli, stimulating their functional activity.

Like all new remedies, its therapeutical value and application have taken a wide range, being recommended in asthma, bronchitis, dropsy, uræmia, sub-acute rheumatism and various cutaneous diseases. Laycock has tried the remedy with good effect in polydipsia or diabetes insipidus. My friend and colleague, Professor Wm. B. Hazard, M. D., has had very decided and beneficial results from its use in convulsions of children, as well as in a case of epilepsy of thirty years standing. He states that a short time since he was summoned to see the last mentioned case, when he found his patient in profound coma which was of four days duration. Examined his urine, but found nothing abnormal in it save an unusual quantity of urates; patient had spit up a dark grumous sputa, "offensive in smell, indicating gangrene of lung. He resolved to test, immediately, the efficacy of jaborandi, and did so in whisky per rectum, and in a short

time he had the satisfaction of seeing his patient restored to consciousness, and a further recurrence of the epileptic paroxysms was prevented for the period of sixteen days. Dr. Gaspar Griswold, in the New York *Medical Record*, reports six cases of malarial intermittent fever treated by pilocarpin. The Doctor's testimony is that "Each patient being carefully watched at the time when his paroxysm was due, and two or three minutes after the chill had fairly begun, gr. 1-5 of the muriate of pilocarpin was administered hypodermically." The results were highly satisfactory in all but one case, the chill stopped within two or three minutes, aborting the paroxysms, terminating in the sweating without the hot stage occurring. In the remaining case, he adds, "the patient was a very large man, and the dose administered did not produce marked diaphoresis; the chill was not interrupted, although its severity was diminished and the pains in back and loins disappeared. The hot stage occurred, but was shorter and not so intense, the patient recovering without having another chill."

My own experience with the remedy, while not very extensive, varied, or of long duration, has been, nevertheless, quite satisfactory. In an obstinate and rather protracted case of trigeminal neuralgia with daily recurrence of paroxysms between twelve and one-half and one o'clock p. m., of great severity for several hours, until relieved by morphine sulph. in gr. $\frac{1}{4}$ to $\frac{1}{2}$ doses. I became discouraged after repeated failures with quinine, morphia, gelsemium, and the whole list of anti-neuralgics, and resolved, at the suggestion of Prof. Hazard, to try the fluid extract of jaborandi. I began its administration in the dose of one-half drachm of Parke, Davis & Co.'s fluid extract, twenty minutes before the expected return of the paroxysm. In ten minutes from the time of its administration its peculiar effects were noticeable and a profuse pyralism began, without diaphoresis, how-

ever, with the result of greatly modifying and diminishing the pain on that day. The following day I concluded to do away with drugs of every description, when at the usual hour as on previous days the paroxysm returned with all of its former severity. When I began giving the remedy I measured the temperature under the tongue preceding and following its administration, and discovered no perceivable change from normal. On the third day I again used the remedy, only at this time in a teaspoonful dose preceding the paroxysm as before, and prevented its recurrence entirely, causing great nausea and diaphoresis. On the fourth day the drug was given in the dose of the first day, $\frac{1}{2}$ drachm, with no return of paroxysm from that day to this, about ten days having elapsed. The temperature fell from 91° to 2° F. on the day that the teaspoonful dose was given, when free sweating occurred but failed to do so when the dose was again diminished on the third day. The remedy proved amply sufficient in two drachms, given at three different times, to accomplish a cure, what I had been vainly endeavoring to do for days and days before with quinine, morphine, and a host of other remedies, aided by embrocations and hot fomentations. In reference to the dose, from one to two drachms are required when given by the mouth, but for hypodermatic medication, the pilocarpin muriate in distilled water, from gr. $\frac{1}{4}$ to 1-6 is the better form. In cases where quinine is contraindicated by reason of a peculiar idiosyncrasy, I would have no hesitancy in recommending pilocarpin in the dose above mentioned. Thus another link in the chain of evidence establishing the remedial powers of this highly valuable drug has been added, and we trust to the future delight and joy of many who may be thus afflicted, as well as to the gratification of the patient and busy practitioner searching after panaceas for this troublesome malady.

St. Louis, 3101 Sheridan avenue.

A PLEA FOR DR. DEWEY'S PNEUMONIC PATIENTS.

BY C. L. CARTER, M. D.

I have just read, in the St. Louis CLINICAL RECORD, a paper by Dr. G. M. Dewey, under the startling caption: "A Plea for Venesection in Pneumonia. My time and writings for many years have been devoted to general principles, which I conceive to be the only correct means of comprehending special diseases, on which I consider any article second-class reading. But I am impelled to offer a reply to Dr. Dewey's paper, because I conceive that the Doctor's ideas of pneumonia are erroneous and his treatment deadly.

After reiterating Dr. Bennett's question, "What is pneumonia?" or, originally, "What is inflammation?" he reaffirms Dr. Bennett's reply, that it is exudation of liquor sanguinis. I was astonished that Prof. Bennett gave expression to an idea so erroneous, and referred to that expression in my "General Pathology," in which I stated that actual congestion is inflammation, or, still more definitely, inflammation is oxidation. The exudation is a well-known product of inflammation, as a novice should know.

The term "pneumonia" is justly subject to criticism, but using it as it is understood by the profession, it means inflammation of the lungs; in this Dr. Dewey and myself are in accord.

In uncomplicated inflammation of the lung, the accompanying fever is not idiopathic, but is the result of the local oxidation.

Etiology.—Exposure to cold and dampness is a frequent cause of pneumonia. Besides, the lungs are almost as susceptible to the poison of typhoid fever as Peyer's glands, hence its frequent complication with that disease as a resultant, or duteropathic element. Also, it has some kind of relation to the causes which give rise to ague.

A quarter of a century ago, chills and pneumonia were alike rife here, but now these wide fertile prairies have been plowed and placed in a high state of cultivation, and both forms of disease have almost disappeared.

Treatment.—Now we have reached the point of greatest divergence of opinion. Dr. Dewey attempts to revive the old error—phlebotomy—that brought obliquity on our profession when pathology was in its swaddling cloths; that draped many happy families with a pall of death; that sent many helpless children and life-loving but too confiding men and women to premature graves and their estates to probate. No wonder Dr. D. considers pneumonia "The King of Terrors." In its treatment, death has generally followed in the wake of the lancet.

Blood-letting is to be avoided, because long years of sad experience have proved it to be hurtful; because it deprives the patient of a portion of good blood, a loss which the patient cannot afford; because it lowers the vitality, enfeebles the body, changes the grade of fever from what may have been sthenic to asthenic, enfeebles the contractile power of the vessels so that they are less able to act in concert with revulsives to relieve them of the mass of blood in the congested part. That some patients recover after bleeding does not prove that a remedy.

Pneumonia, when uncomplicated, is by no means a grave form of disease. My experience has proved that ninety-eight cases out of every hundred will recover if properly treated.

I may be permitted to say, in behalf of science and of the position I defend, that in the last ten years I have treated about one hundred and fifty cases of uncomplicated pneumonia, among which not a single death occurred.

Pneumonia is only dangerous because it is badly treated. In the destruction of pneumonic patients, the lancet, veratrum

and antimony go hand in hand as a bandit trio. Next most baneful are the too free use of expectorants and mercury. Warm fomentations to the chest in the incipient, and blistering in the confirmed stages, are the sheet anchors.

Typhoid fever, complicated with inflammation of one or both lungs, is often diagnosed and treated as pneumonia; in which case Dr. D.'s treatment is all the worse. These patients will rarely, if ever, survive the lancet, veratrum or antimony.

Dr. D. would bleed, he says, "before the physical signs are to be relied on as evidence." This indicates that all his patients are in danger of his lancet even when they have no physical signs of pneumonia.

The Doctor says that seven-eighths of the adults who have died in his district in the last six months died of pneumonia. And also says that in that region not ten men are alive now who were alive twenty years ago, and that nearly all died of pneumonia. And that is right where the man lives who is so "good on pneumonia," and where he says he rode into practice thirty years ago on the hobby of blood-letting. No wonder the people are nearly all dead!

Turning to Scotland, he says the disease is nothing like so fatal there. Why? They are the same kind of people, have the same kind of lungs, and are no harder to kill than we are, but Dr. Bennett's teachings have protected his people. True, Dr. Bennett's plan was too expectant, but far better than destructive heroism.

Finally, I trust Dr. Dewey will receive my criticism of his opinions with the courtesy in which they are aimed. With due regard for the Doctor's scholarship and high personal and professional standing, I oppose his views to protect our profession and our patients from the destructive sway of the lancet.

HOLDEN, MO.

Correspondence.

NATURE OF MALARIA.

Editor Clinical Record:

The 1880 report on the *Bacillus malarie*, by Prof. Corrado Tommasi-Crudeli is replete with interesting points, and is entitled to careful consideration:

"1. In the soil of all the malarial districts of the Roman Campagna and marshes the *Bacillus malarie* has been either found in a fully developed state, or else could be easily obtained in great quantities by means of artificial cultivation. It has not, on the other hand, been found possible to obtain it by any means, whether artificial or otherwise in some perfectly healthy districts."

Without proper caution this might be accepted as trustworthy evidence in favor of the *Bacilli* as the cause of malarial disease, but when it is remembered that the same fact is true in regard to the presence of other plants and insects—being also present in malarial districts and absent in healthy ones—it becomes plain that the fact of the *Bacillus* being present in unhealthy districts and absent in healthy ones, is no proof that it is the cause of the disease in the unhealthy districts. It is also necessary to observe that the report says it has "been found impossible to obtain it (the *Bacillus*) in some healthy districts." It says in "some," not all "healthy districts." The coincidence of *Bacilli* and malarious fever does not establish the fact of the one being the cause of the other, either way. It is also well to observe that there is no allusion to any other malarial affection but that of malarial fever, while the fact is now well known that there are many malarial affections that are without fever.

"2. This *Bacillus* rises in such quantity during the heat of summer in the atmosphere of malarious districts, that there is no need of any special appliance to collect it from the air. It is found in large quantities in the sweat of the face and hands."

If this be the fact it is strange that every person subject to its presence does not have

the fever, and have it constantly, which is known not to be the case. The attempt may be made to answer this objection by the plea that not every person takes the small-pox, scarlet fever, etc., although unprotected by a previous attack. But it should be held in mind, that in the diseases last named there is protection from previous attacks, while in malarial diseases this is not the case, a previous attack rather predisposing than opposing subsequent attacks. If the statement in regard to abundant presence of Bacilli be true and yet many persons exposed thereto escape the disease, how shall we account for this immunity? On the ground that the person was not *ready or prepared* to take it? Then it must be due to the person, and not to the cause of the disease, that he did not take it. And in the case of the individual who takes the disease it must be due to the "*condition of the individual.*" Under other circumstances the Bacillus as a cause of the disease is important, and must, consequently, be classed with indigestible food, taking a cold, overexertion, and other "special exciting causes" of the disease in question. Is it not, therefore, most judicious to look for the real, the fundamental cause of the disease in the *condition of the individual?*

"3. In the blood of rabbits infected with malaria, in the blood of human beings attacked by malarious fever, and in the blood extracted from the spleens of such patients . . . the spores of this Bacillus were constantly found during the *acme* of the fever. The artificial cultivation of this blood has constantly given rise to the development of the Bacillus sometimes in large quantity. The cultivation of the splenic blood of persons not affected by malarious fever has given, on the contrary, only negative results."

"Rabbits infected with malaria"—the Bacilli—this must be something akin to hogs infected with trichina. The rabbit part produces a mystifying, perplexing, incredulous state of mind in an American. Italian rabbits may, however, differ from

those of the western continents. A hospital occupied by rabbits sick with the ague, remittent fever, pernicious attacks, malarial neuralgia, malarial chorea, etc., etc., would be a novel show in America! Bring on your rabbits infected with malaria!

The spores are said to be present in the blood of persons attacked by *malarious fever* and in the blood drawn from the spleens of such patients they were constantly found during the *acme of the fever*. A fair and necessary inference is that they are not found at other times—only *during the fever* or the *acme of the fever*. Where are they the remainder of the time, during the *apyrexia*? "Splenic blood of persons not affected by malarious diseases gives negative results under cultivation." It must be a difficult matter to prevent the ingress of Bacilli where they are "found in large quantities in the sweat of the face and hands," as stated in the preceding paragraph. Such blood must, in fact, have a destructive effect upon Bacilli, otherwise they must almost necessarily be present. It is not well to prove too much. Perhaps the presence of the Bacilli accounts for the fluorescence of the blood in malarious diseases!

"4. By injecting the blood taken from the veins of persons affected with malaria into the subcutaneous tissues of dogs, the disease is reproduced in these animals."

This tries one's patience. Malarious diseases in dogs! Who is interested in sick dogs? Why are we not informed what the effect was when injected into an Italian? D'Armand tried it on Frenchmen without effect, and Americans seem to be equally obdurate, but it would be interesting to know what the effect would be on an Italian rather than on an Italian dog.

Further on in this interesting and scientific report we find the following: "*It is very probable that the production of new generations of parasites varies in extent and rapidity according to the condition of the individual, and probably, also, according to*

the quality of the soil from which the parasite originally came," etc. In other words, the Bacillus is the creature of certain conditions, etc., such as the blood of those affected with malarious diseases, certain soils, etc., etc. Therefore the cause of malarial diseases—the true fundamental cause—is in the person of the individual affected, a morbid condition of the ganglion cells of the nervous system, in the malarial fevers involving those of the sympathetic system mainly. If not that, what is the condition of the individual alluded to?

CHARLES T. REBER, M. D.

SHELBYVILLE, ILL., Dec. 25, 1880.

Extracts and Abstracts.

SURGICAL TREATMENT OF INTESTINAL OBSTRUCTIONS.—Dr. W. T. Briggs (Nashville *Jour. of Med. and Surgery*) discusses the history of laparotomy for obstruction of the bowels and cites opinions from the most eminent physicians and surgeons who have written upon the subject. He indorses the opinions of Peaslee, Sims and others skilled in abdominal surgery, that in the majority of cases of death following ovariectomy, septicæmia from the retention of septic fluids in the abdominal cavity, and not peritonitis, is the cause. He holds that the most rational treatment of peritonitis would be to make an incision into the peritoneal cavity, remove the effusions which would probably become septic, wash it out thoroughly with an antiseptic fluid, and provide some means by which the cavity could be drained of its noxious contents.

The points in the diagnosis of both acute and chronic obstruction are well stated, considerable stress being placed upon the fact that most usually the causes that act suddenly are found located in the small intestines, while those which act more slowly and gradually are in the large.

As to location of the obstruction, the following statement is made, and it is so well worded that we cite it in full: "If the obstruction is seated in the upper part of the small intestines, vomiting and collapse come on early, together with a diminution of the urinary secretion. The course

of the disease is rapid. There is little no swelling; should there be any, it is confined to the epigastrium, and becomes diminished after vomiting. The vomited matter is bilious, never stercoraceous. When the seat of the occlusion is in the lower part of the ilium, the swelling is very great, and is confined to the central part of the abdomen, while the regions corresponding to the colon are empty. The course of the disease is here also rapid; vomiting, swelling and prostration come on early. The vomiting soon becomes stercoraceous. When the constriction is located in the lower part of the colon, the course of the disease is less rapid. Vomiting and collapse come on later, and the matter ejected from the stomach is stercoraceous. The distension is considerable and at first is confined to the regions of the colon and cæcum. By close attention to these points, the surgeon may form a very correct opinion of the seat of the obstruction."

A knowledge of the cause of obstruction is not so important in the acute cases, but in the chronic form it is highly important. The latter "are most generally dependant upon impaction of fecal matter in the rectum or colon, or in the mechanical pressure of tumors, intussusception, the matting together of coils of intestines from inflammation of the peritoneum or mesentery producing contraction of the bowel, and stricture of the rectum or colon." * * *

* * * The nature of the obstruction, when caused by fecal impaction, is readily discovered by a digital or manual examination of the rectum or colon; when caused by a tumor, it is recognized by palpation and percussion, assisted by vaginal or rectal examination. If dependent upon stricture of the rectum or colon (benign or malignant), it is detected by examination of the rectum or colon, as well as by the difficulty in defecation, the absence of vomiting till near the close of the disease, the great distension of the abdomen, particularly in the lumbar regions. When caused by contraction consequent upon chronic inflammation, the symptoms are dependent on the difficulty of the passage of the contents of the bowel. The nausea is paroxysmal, depending upon the attacks of colicky pains which are of frequent recurrence. The abdomen is not usually much distended; when it is, the swelling occupies the central or hypogastric region. The peristaltic movements are plainly visible, accompanied with borboryg-

mus. The seat of the contraction is most usually in the ileum or cæcum."

The objection to the operation based upon its high mortality is shown to be not well taken. Even under the adverse circumstances usually attending it, the death-rate is shown to be but little higher than that following the operation for strangulated hernia. There is no hope of relief from the actions of medicines, very little, if any, from the efforts of nature—the only relief to be expected is from the surgeon. The means which he has at his command are abdominal taxis, injections of air or water, puncture of the bowel, laparotomy, laparo-enterotomy and laparo-colotomy.

Dr. Briggs has little confidence in the efficacy of anything except a cutting operation: opening the abdominal cavity by incision, discovering and freeing the bowels from constriction. "It alone offers the only prospect for the salvation of life. So long as the obstruction remains, the patient is doomed; every hour, every minute that passes lessens the chances of recovery."

"Death is not caused by the operation; it is due to the pathological changes consequent upon delay in its performance." Hence he advocates an early operation in all acute cases as soon as the seat and nature of the obstruction has been ascertained, and even if the exact nature of the trouble is not known, if the symptoms are urgent and characteristic, he would insist upon an exploratory incision and a search for the cause of the difficulty. If none were found, no great harm would be done.

The operation of laparotomy, favored by Dr. Briggs, is stated not to be a difficult one, but he directs special attention to the following points, the success of the operation often depending upon their strict observance:

"The antiseptic plan of Lister should be scrupulously practiced from the beginning to the end of the operation. The incision in the linea alba should be ample for the easy exploration of the cavity. The distended bowels, which rush out as soon as the incision is completed, should be covered with a soft flannel wrung out of warm water, and not handled until the gas is removed by punctures made at several points with a fine trocar. The examination should be conducted with the greatest gentleness, the hand following the distended bowel downward or the empty bowel upward until the point of obstruction is reached. Most

generally the distension, as well as the congestion, ceases abruptly at the seat of the constriction. The point having been discovered, the bowel should be disentangled in the gentlest manner. If, after a careful search, the obstructing cause cannot be discovered or the bowel be so entangled as to be inextricable, or is found gangrenous, the formation of an artificial anus is the only measure to be adopted. Should a considerable portion of the bowel be gangrenous, it has been recommended to excise it and unite the two ends by suture. This operation has been performed three times, and one resulted successfully.

The patient should then be turned on his side so that the fluids in the abdominal cavity may escape, and, if necessary, a fine sponge, held in a sponge-holder, should be passed into the cavity sufficiently often to remove any remaining fluids. The incision should be closed with silver sutures, including the peritoneum, and the antiseptic dressing applied, supported by a well-adjusted flannel bandage. Opium should be administered at regular intervals."

The indications for operative procedures in chronic cases are carefully given. A condensed account of successful American cases is added, and this very interesting and valuable paper closes with short histories of three successful cases occurring in his own practice within the last two years.

TREATMENT OF SYPHILIS.—Sigmund, of Vienna, advises removal of the initial lesion (if the case be seen very early) with knife, cautery, or caustic, followed by neat dry dressings. After this he advises deferring constitutional treatment, except hygienic, until the cutaneous manifestations appear. When these arrive he uses, for the lighter forms, the iodine preparations; for graver forms, with defective nutrition and strength, palpably due to syphilis alone, or widespread pustular, papular, or squamous eruptions, mercury. But this must never be pushed to salivation. For the gravest tertiary forms he recommends mercury and iodides alternately.—*Am. Practitioner.*

Burrow, in his report of his surgical clinic, reports remarkably good results from his modified open treatment of wounds. He is one of the few German surgeons of note who oppose Listerism. His statistics show most excellent results.—*International Journal of Medicine and Surgery.*

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - JAN., 1881.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the *CLINICAL RECORD* to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

For terms and address, see cover title page.

TO SUBSCRIBERS.

We would express our thanks to the large number who have renewed their subscriptions promptly, and especially to those who have interested themselves to secure the subscriptions of their professional neighbors for the *CLINICAL RECORD*.

We would remind the few who remain upon the delinquent list, that now is the best time to remit the amount and clear their own consciences while they confer a favor upon us.

We repeat, that we do not wish to send the *CLINICAL RECORD* to any person who does not desire it, and that the only proper and legal and gentlemanly way of discontinuing a subscription is to pay up arrears and order the discontinuance.

FRUITS.

A cheerful contemporary notifies us that the Code of Ethics (presumably that of the American Medical Association) "is the code of morals observed by all reputable and cultivated gentlemen in the profession," and accuses us mildly with having "denounced" the instrument. As the same party has been detected and exposed in

misrepresenting the action of the American Medical College Association, misrepresenting its proceedings with no other assignable motive than to gain a few students for the low-grade alleged medical colleges at the expense of the respectable schools, we fear that his protest of intense respectability will be regarded as lacking in consistence, as it were. If persistent misrepresentation for a mercenary object is the crowning glory of the respectability and culture developed by careful training under "the code of morals," we timidly suggest that there is possibly something putrescent about either this code or its advocates. We must crave indulgence for judging the tree by its fruits. We may be in error, but we submit we have excellent authority for applying this test.

In our last issue we devoted some space to a notice of Hamilton on Fractures and Dislocations, in the course of which we cited a paragraph which, we regret to say, seemed to place the last President of the American Medical Association in a—not to state it too sharply—somewhat unfortunate light. Untruthfulness may characterize but very few of the members of that extensive association which has placed the profession under such a burden of gratitude by furnishing it with a code of morals—we believe that this is a fact, but we confess our suspicions were roused to some degree when that venerable body chose such a person as its presiding officer and its representative delegate to the learned bodies of Europe. The matured fruit of the tree was either decidedly over-ripe, so ripe that chemical changes had long performed their work, or the tree itself had produced fruit that showed the true character of the whole growth to be upas-like in its blasting influence. Again, the "reputable and cultivated gentlemen in the profession" will have to bear the indignity they have heaped upon themselves. The fruits of this "code of morals" show for themselves the fact that we have heretofore stated: that the

Code has outlived its usefulness; it is no check upon the vicious, and the decent practitioner has no need for it; its prohibitions are such that grown men ought to feel ashamed to be asked to subscribe to them, and, finally, no reputable or cultivated gentleman has any need for it. As it stands, it is a monument to the puerility of our professional ancestors and their puny descendants. We shall see the day when a truly national medical association will be established upon a purely scientific foundation; one in which village gossip or private malice shall not have power to blast the fairest reputation; one to which achievements in science shall be the passport and in which the arts of the pot-house politician shall not be omnipotent. When that day comes the weaklings, the "prostitutes masquerading as honest women," like our attenuated critic, shall keep to the street where they belong and hold converse only with their peers.

We are greatly surprised to see in *Gaillard's Medical Journal* for December, 1880, a review in which Dr. Hamilton is censured for "showing up" the gifted plagiarist, Sayre, in his true colors. It was not a question as to the fact of union after fractures of the long bones ever taking place without shortening. Nothing of the sort. Sayre has persistently "misrepresented" Dr. Hamilton; had related particulars of a conversation that never took place, and had stated as facts events that never occurred. Nothing was left for Dr. Hamilton but to deny these assertions of the late President of the American Medical Association, to deny them on every occasion until the author of the slanders should prove his assertions to be true or admit his mistake—if it was a mistake—as a "reputable and cultivated gentleman," trained under "the code of morals" should, Dr. Hamilton is very mild, under the circumstances, in his choice of language, and, in our opinion, is neither "unduly harsh" nor "severe." Dr. Gaillard should again review

the matter; should he do so we are absolutely certain he would reach our conclusions.

In this connection, as illustrating the fruits of this glorious tree, "the code of morals of the reputable and cultivated gentlemen in the profession," we cannot refrain from another quotation from Dr. Hamilton's most excellent work (pages 795-6):

"Dr. Lewis A. Sayre, in a paper read before the American Medical Association, has reported a case of *pathological* dislocation, into the ischiatic notch, of nine months' standing, which he claims to have reduced (*Transactions Am. Med. Association*, 1866, p. 263), and which I would not deem it necessary to allude to in this place, except that in commenting upon the opinions of others he seems to regard it as a case of traumatic dislocation, although he does not specifically state that it was; and that, having stated in his report that I was present, he has rendered it necessary that I should express my own views of the case and of the facts.

The patient, Lieut.-Col. William A. Bullit, was wounded in battle, May 9, 1864, in two places, the first ball entering five inches below the anterior superior spinous process of the ilium, and remaining. He fell after the second shot, but he 'rose immediately and walked half a mile to the rear.' Several attacks of erysipelas ensued, followed by abscess, one of which formed in the left iliac fossa. More than five months after the injury he, for the first time, turned from his back to his side, and in doing so he felt 'a slipping of the caput femoris.' This occurred almost daily for two weeks, when, dislocation being recognized, Dr. McDermott, assisted by Drs. Coolidge and Goldsmith, U. S. A., attempted to reduce it under ether, but failed. 'In the latter part of February, 1865, four months after dislocation,' another attempt was made to reduce it under chloroform. The fact that this was not a traumatic dislocation, dating from the period of the original injury, is thus confirmed by Dr. Sayre himself, for it was already more than nine months since he had been wounded, but the dislocation had taken place only four months previous. At this time the attempt at reduction was made by Professor Cook, assisted by Drs. Force, Cox, Galt and Garvin, all of Louisville, Ky. This attempt failed also. July

20, 1865, Dr. Sayre, in the presence of several gentlemen, including myself, the patient being under chloroform, forcibly broke up some adhesions and brought the limb, which was flexed upon the pelvis, down to a position nearly but not quite parallel with the other, and there secured it with a weight and pulley. There was no claim at the time, so far as I know, that a restoration of the bone to its socket had been effected. Some months later I saw the gentleman standing with a high heel under the boot corresponding to the lame leg, and I was then informed, in reply to my inquiry, that the dislocation was not reduced, but that, as I could see, the position of the limb was greatly improved.

In Dr. Sayre's report of the case he does not state when the dislocation was reduced, and certainly it was not reduced in my presence; and I have no reason to suppose that it was subsequently."

The writer of this saw Col. Bullit presented to the class, at Bellevue Hospital Medical College, in the winter of 1865-'66, and it was very evident that the dislocation was still unreduced at that time. If Sayre had any regard for the opinion of the profession he would produce his Col. Bullit before a committee of the Association and demonstrate his "reputable and cultivated" character, as developed under "the code of morals" of such gentlemen by proving the truth of his own assertions as made before that body.

There are numerous fruits of this character to be plucked from the tree that has borne those we have felt under obligation to present to our readers at this time. They, like certain other medicinal products, act better when administered in divided doses, hence we refrain from exhibiting more for the present.

ASYLUM MISMANAGEMENT.

It seems that there is a chance, finally, of the public acquiring some actual knowledge of the "true inwardness" of asylum management, at least in the State of New York. We informed our readers of the manner in which the investigation was

stified, last year, by the creatures of the asylum ring in that great State. This year there seems to be an earnest desire on the part of the committee of the New York Senate to arrive at the truth.

This committee recently held a session in the city of New York, and Drs. Hammond, Spitzka, Seguin, Kiernan, McBride and Parsons testified on behalf of the reform movement. One incident created considerable sensation. A lady stated that she had found her brother dying in a "Utica crib," at Dr. A. E. Macdonald's asylum, when, according to the ward physician, the patient was suffering from pneumonia. We believe the asylum treatment of pneumonia, thus exemplified, is a little worse than that by venesection, according to Dr. Dewey's plan!

Drs. Macdonald, Franklin and Washburn were called on the part of the asylum interest. The former exhibited his "reputable and cultured" characteristics and his anxiety for a full, fair and unprejudiced investigation by remaining in the room while his employees were being examined, suggesting what they should testify, etc. He denied that anybody had died in "the crib," but, unfortunately for his reputation or for his knowledge of what took place in his own institution, two physicians and the lady referred to testified to the contrary. He made a bitter personal attack on our esteemed contributor, Dr. E. C. Spitzka, who seems to be the *bete noir* of the asylum ring, and stated that this gentleman had been a rejected applicant for the superintendency of the Willard, Bloomingdale and Madison asylums, and had been "turned out" of the laboratories of the University. The following day, Dr. Spitzka convicted him of having wilfully stated, under oath, what was false, and exhibited a letter from the professor whose assistant he (Dr. S.) had been, which declared that there had never been the slightest foundation for Dr. Macdonald's statement. Dr. S. then proved Dr. Macdonald a falsifier from his own

printed reports. He also stated that he would prove other of Macdonald's statements to be false at a subsequent meeting.

Dr. A. McLane Hamilton testified that the docile clod-hoppers of Europe might be treated in lunatic asylums without restraint, but that Americans, from the difference in the atmosphere of this "free and happy country," we suppose, require "mechanical protection," as our old friend, Dr. Grissom, terms it! This is about what we might expect from such a fertile plagiarist as Dr. A. McL. H. is accused of being. He went into such an enthusiastic panegyric on restraint that Senator Woodin interrupted him with the information that he (A. McL. H.) was not employed to "sum up" the case. We presume he has his eye upon some such position as that occupied by his relative, by marriage, at the Sisters' asylum in St. Louis. We cannot otherwise account for his advocacy of such time-worn abuses.

Dr. Macdonald's partner, Dr. Washburn, very reluctantly testified that he had ordered a patient *into a cold bath, with his clothes on, as a punishment*. We have no commentary to offer; the bare statement will be sufficient for all practical purposes.

Dr. Franklin, of Blackwell's Island asylum, confirmed the allegation of the New York Neurological Society, that our institutions for the insane are not under competent scientific management. This alienist(?) stated that there was no form of insanity in which fractures of the ribs are especially liable to occur! He would, probably, have defined insanity to be "a disease of the neurine batteries of the brain."

The self-important ignorance and mendacious boastfulness of the asylum ring were amusingly exemplified in Dr. Macdonald's statement that Drs. Hammond and Seguin had no acquaintance with insanity. All the newspapers reported him as having made this statement, but we understand

that he retracted it next day in private conversation.

The Senate Committee is evidently doing its work in a thorough, impartial and conscientious manner. The Neurological Society has proved its positions on the subject of reform to be correct. We trust that the medico-political ring will eventually be broken up. Thus only will the insane receive proper care and attention and the increase of mental diseases receive some check.

PHILADELPHIA CLINICAL LECTURES.—We print, elsewhere, what purports to be a clinical lecture by Prof. S. D. Gross. We accepted the report in good faith, but confess to having some misgivings about it. If the New York and Philadelphia clinical teachers give their classes nothing better than the material furnished the provincial medical journals, the CLINICAL RECORD among them, we believe medical students could learn more at the poorest Western, low-grade medical schools than in the so-called "great medical centers." For our own part, we have had enough of these "metropolitan clinical lectures," and shall not inflict any more of them upon our readers. Unless those eminent gentlemen can do something better than any of the alleged "clinical lectures" make them appear as doing, we shall give the crude effusions of the "cross-roads doctor" the preference. By so doing, we shall record the experience and opinions of earnest laborers in the field of science, and these are always of some value. We have declined to receive any more clinical lectures of the sort we have heretofore published; unless a paper comes with the direct approval of its author, we shall reject it.

WANTED.—A location, by a German physician of ten years' experience. A German Protestant community preferred. Best of references given and required. Address WM. B. HAZARD, M. D., No. 5 South High street, St. Louis, Mo.

Book Notices and Reviews.

A TREATISE ON DIPHTHERIA. By A. Jacobi, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, N. Y., etc. 8vo. pp. 252. New York: William Wood & Co., 27 Great Jones st., 1880. St. Louis: C. C. Pease, 514 Olive st. Cloth, \$2.

The author has become well and favorably known by his contributions to medical literature for more than twenty years past. During the entire period he has given especial attention to diphtheria, and his contributions to our knowledge of this affection have always shown close and conscientious observation. It was, therefore, with pleasure that we have looked forward to this book in which he has recorded the results of his personal observation and research, and we can add, after a careful perusal, that it has fully satisfied our expectations.

Chapter I gives a concise history of the disease from the writings of Aretæus to the close of 1880. The different theories of its nature are noted and the latest—the parasitic—is frankly denied. The identity of croup and diphtheria is cautiously accepted.

The second chapter is devoted to Etiology. Its contagiousness is stated and its origin from bacteria is formally disputed. The evidence massed against the theory of a living contagium seems very strong. In the preface, further proofs are adduced having the same bearing.

Regarding the manner of infection (Chap. III), the author admits that it is not the same in all cases. In some cases its origin is decidedly local, in others the poisoning of the mass of the blood through inhalation is the first step, while in another class the poison is simultaneously absorbed from some local abrasion and through the lungs. Enlargement of the tonsils and consequent narrowing of the entrance of the respiratory passages, the presence of a large amount of the poison in the air and prolonged exposure to it are considered as fac-

tors tending to increase the intensity of the affection and to add to its gravity.

The author holds (Chap. IV) that diphtheria is contagious beyond doubt, and that it is portable. The period of incubation is very short in some cases (after excision of tonsils during an epidemic of diphtheria, it has been known to occur within twenty-four hours), in many cases two days suffice, while in others, ten or twelve days may elapse before the affection becomes fully developed. Mild cases may communicate the disease in a serious form, and *vice versa*. It is not probable that the *fræces* contain the poison. Drinking water and milk have been accused as carriers of the poison, sometimes, apparently, with some show of plausibility. It seems pretty well proven that the affection may be derived from the lower animals.

The chapter on symptoms (V) is satisfactory. Diphtheritic paralysis, in most cases, is considered a peripheral affection—seldom, if ever, central.

Chapters VI and VII, on the anatomical appearances and diagnosis of diphtheria, are excellent. Its identity with croup is advocated. The difference in the course of the disease when located in the pharynx or in the larynx and trachea is considered to depend upon dissimilarity of anatomical relations, particularly the paucity of lymphatics in the latter situation and their abundance in the former.

The eighth chapter, although very short, is an excellent one. The elements of a rational prognosis are briefly and clearly stated. The difficulties to be met with in individual cases are well stated. A mortality of ten per cent. is said to be very high, hence the gloomy views of the great Trousseau are not endorsed.

The chapter on treatment (IX) will be the one to be most carefully read and minutely studied by the average practitioner. The author believes in medication. He has no patience with nihilism applied to the therapeutics of diphtheria. As indica-

tive of his rational and positive teachings, we cite the first paragraph of this chapter, and give his views our strongest endorsement:

"Every case should be treated on general principles; thus, it is not possible to lay down a routine treatment for every individual case. High fever should be reduced by sponging and baths, quinine and sodium salicylate; collapse speedily treated, and severe reflex symptoms, as vomiting, etc., checked at once. Whether to employ for this purpose, ether, wine, cognac, champagne, or coffee, must be decided by the physician in individual cases. The administration of the remedy, whether by mouth, by injection into the bowels, or subcutaneously, as I have employed cognac, ether, alcohol and camphor dissolved in ether or alcohol, in some cases with decided and rapid success, must depend on the condition of the organs and on the urgency of the case. At all events, it may be stated that all the above remedies are frequently of no service because they have been administered too late and in too small doses, and hence we may infer that, to obtain the proper results both from external and internal treatment, the remedy must be employed early and often, and in sufficient quantity. If I have ever had cause to feel contented with the results of treatment in diphtheria, it is owing to the fact that I did not lose time. Moreover, the nourishment of the patient is a matter of very great importance, and should not be neglected, and no medicines resorted to which are apt to derange the digestion of the patient. It is true that caution must be exercised in the food administered to febrile patients, but we must bear in mind that, when the lymphatic vessels are kept empty, and no new and proper material is introduced into them, the absorption of locally existing poisonous substances is proportionately increased."

Alcoholic stimulants hold the first place in our author's estimation. Regarding the dose, he says, "There is more danger in diphtheria from giving too little than too much." This corresponds exactly with our own experience. Strangely enough, no reference is made to Dr. E. N. Chapman, of Brooklyn, who has done much to establish the proper place of alcohol in the treatment of this formidable affection.

Locally, the chlorate of potassium or of sodium is recommended, not for any specific effect upon the diphtheria, but because the chlorates have a very beneficial action upon catarrhal pharyngitis and stomatitis which offer a ready mode of entrance into the economy for the poison of diphtheria. They are preventive rather than curative remedies. The doses should be small and frequently repeated. Dr. Jacobi emphatically protests against the use of large and frequently repeated doses of the chlorates. He states that they are very dangerous; that they interfere with digestion, produce diarrhoea and, occasionally, nephritis of a fatal character. A number of deaths are reported as occurring in this latter manner.

Instructions are carefully given for the care of the patient, for disinfection and for every available form of special treatment: by inhalations of steam, by water in drinks, baths, etc., etc., by lime-water, glycerine, lactic acid, inhalations of turpentine, by the vapors of ammonium chloride.

The use of mercurials, in minute doses, frequently repeated, by hypodermic injection or by inunction, is cautiously recommended.

He is opposed to the employment of the pure astringents—alum, tannin and nitrate of silver—but lauds the chloride of iron. It is to be given in decided doses every few minutes or every hour. Unless so given we need expect no beneficial action from this most valuable remedy.

Carbolic and salicylic acids, locally used, are sparingly praised, the latter, as a depressor of the temperature, is well regarded—to be used with caution, however, as its effects are depressing upon the nervous system. Alcoholics should be given at the same time. He has less confidence in quinine as an antipyretic than in sodium salicylate.

As to caustics, he prefers equal parts of carbolic acid and glycerine. It is to be used only when we are certain of reaching

all parts of the false membrane and of effecting its entire destruction.

A large number of other remedies for local application are discussed and discarded. This chapter is nearly as valuable for what it teaches *not* to use as for its positive instructions as to what can be done. The treatment of diphtheria localized in the larynx, nares, conjunctivæ, etc., closes the volume.

After due consideration, we believe Dr. Jacobi's book to be a most valuable contribution to our knowledge of diphtheria. While it contains nothing striking for its novelty, the book expresses the positive convictions and matured conclusions of an able and conscientious observer. As such, it has real and permanent value.

The summary appended to most of the chapters and the copious index make every proposition and conclusion easy of reference and instantly available. It is needless to add that this work is a handsome specimen of the book-maker's best work.

HOW A PERSON THREATENED OR AFFLICTED WITH BRIGHT'S DISEASE OUGHT TO LIVE.

By Joseph F. Edwards, M. D. 12mo. pp. 87. Philadelphia: Presley Blakiston, 1012 Walnut st. 1881. St. Louis: H. R. Hildreth Prtg Co. Cloth, 75c.

"Some books are written from practice, many are written for practice." This readable brochure evidently belongs to the latter class. For popular reading, we presume it will prove a profitable business venture; for professional information, it must be pronounced a failure.

We quote Case VI, page 23, as a specimen of the author's style:

"A young man of eighteen, in apparently fair health, complained of indigestion and general weakness, but no definite symptoms of any form of disease. A visit to his physician resulted in another case of Bright's Disease."

This young man was extremely unfortunate in his choice of a physician or the author has been very careless in the use of words.

The writer has some very crude notions regarding the physiology of respiration, if we are to accept his statements on page 70 and elsewhere regarding the production of carbonic acid. He distinctly teaches that the combination of oxygen with carbon takes place exclusively in the lungs! If he had studied his text-books a little closer he would not have made such statements.

The book contains those instructions for personal hygiene which are to be found in every work on practice. Several pages are devoted to an argument against tobacco, but no *facts* are brought forward to show that "the weed" produces injurious effects in kidney affections. The author has received a very pleasant letter from an eminent jurist, aged eighty-four years, which has apparently afforded him great satisfaction. We should partake of the writer's pleasure were it not that this letter seems about to be made the excuse for a new book! After all, ripened experience may enable him to give the profession something worth reading. We serenely put our trust in the future.

CUTANEOUS AND VENEREAL MEMORANDA.

By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of the City of New York; Surgeon to Charity Hospital, etc., and George Henry Fox, A. M., M. D., Surgeon to the N. Y. Dispensary; Lecturer on Diseases of the Skin, College of Physicians and Surgeons, N. Y., etc. Second edition. 32mo. pp. 309. New York: William Wood & Co. 1880. St. Louis: C. C. Pease, 514 Olive st. Cloth \$1.

The only method of learning technical terms seems to be the same by which the child learns the alphabet. Hence the need, felt by every student, of short, condensed manuals to which he can refer with little trouble. The multiplicity of such terms encountered in the study of the different specialties has brought forth a crop of such manuals, each responding more or less effectively to the demand. Drs. Piffard and Fox have produced one of the best of

these upon the subjects embraced in the title above given. In the present state of American dermatology, the close adherence to the doctrines of the French school, exemplified in Dr. Piffard's portion of the book, will probably call forth little commendation from a large proportion of our medical journals. However, we believe there is much truth in Hardy's teaching, and are glad to see them set forth with so much ability by Dr. Piffard. Dr. Fox's work, as everything that he attempts, is exceedingly well done.

A PRACTICAL TREATISE ON THE DISEASES OF WOMEN. By T. Gaillard Thomas, M. D., Prof. of Diseases of Women in the College of Physicians and Surgeons, N. Y., etc. Fifth edition, enlarged and thoroughly revised. 8vo. pp. 806, with 266 engravings on wood. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Printing Co. Cloth, \$5; sheep, \$6; half Russia, \$6 50.

Professor Thomas' work has acquired a degree of popularity and received marks of professional favor second to no work on gynecology that has been issued from the press. It is the student's book, *par excellence*, and is recognized as such the world over. Its translation into German, French, Italian and Spanish shows that "an American book" finds a large number of readers even in Europe, provided it is a good one.

While this book records less the personal experience and individual additions to positive knowledge on the part of the author than those of Sims and Emmet, it is more extensive in scope than the old work of the former and written in better and more judicial style than the recent work of the latter, however valuable, even indispensable to the gynecologist, it may be.

The clear and charming style of the author, his positive way of stating his opinions and the lucidity of his differential diagnosis, make this work a favorite with every one who reads one chapter.

A chapter on extra-uterine pregnancy is

added to this edition—a valuable one it is, as we should expect from the author's personal experience with such cases. Laparotomy under Listerism (of which Dr. Thomas is a strong advocate) is admitted under clearly defined conditions.

The following propositions express his views regarding Battey's operation:

"1st. Battey's operation will, by reason of the fact that there is a class of cases, the great sufferings attached to which can be relieved only by the cessation of ovulation and menstruation, survive all opposition, and exist in the future as a surgical resource of great value.

2nd. It is an operation attended by grave dangers, and by doubtful benefits. Nevertheless, the chances are greatly in favor of its affording relief.

3d. It will ever prove more difficult and dangerous than ovariectomy, because pelvic peritonitis will frequently be found to exist in cases demanding it; because the ligature of the pedicle must often take place deep down in the pelvis; because the abdominal walls, instead of being stretched as in ovariectomy, are contracted and resisting; because the removal of the ovary often involves tearing the surrounding tissues; and because the abdominal peritoneum has not been prepared for interference by friction from a large tumor as it has been before ovariectomy.

4th. While the practice of the operation for checking menstruation where vagina and uterus are absent is fully sustained, it is very doubtful whether benefit will result from it in cases of large uterine fibroids.

5th. A greater degree of surgical skill is necessary for the successful performance of this operation than for ovariectomy."

We must again refer to the elegance of the half-Russia binding in which the publishers issue the more valuable of their publications. The small additional cost over the ordinary leather cover ought not to deter any purchaser from choosing this style. The liberality and good taste of the publishers cannot but add to their reputation and income. The very complete index is a valuable feature of this volume, one that could be imitated with advantage by succeeding authors.

A MANUAL OF MEDICAL JURISPRUDENCE.

By Alfred Swaine Taylor, M. D., F. R. S., F. R. C. P., etc. Eighth American edition, from the Tenth London edition, containing the Author's latest Notes made expressly for this edition. Edited, with additional notes and references, by John J. Reese, M. D., Prof. of Medical Jurisprudence and Toxicology in the Univ. of Pennsylvania, etc. 8vo. pp. 933, with illustrations on wood. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: Book & News Co. Cloth, \$5 00; leather, \$6 00; half-Russia, \$6 50.

Taylor's Manual has long been accepted in England as a standard authority on all matters connected with medical jurisprudence, and the successive American editions as revised by Dr. Hartshorne, Judge Penrose and Prof. Reese, have given it an equally authoritative position in this country.

On all questions connected with poisons this work is without a rival; on psychological matters, however, Ray's work is far in advance. With the author's latest corrections and a renewed revision by Prof. Reese, the book is fairly brought up to the times and is the latest and, all things considered, the best manual of the subjects embraced to be found in the market.

Much attention has of late been given to medical jurisprudence, both in medical colleges and in the current medical literature. The courts are making demands upon the profession for enlightenment with ever increasing frequency, and the physician who finds himself without some knowledge of medical jurisprudence will sooner or later regret having never given the matter special attention.

Taylor's Manual should be found in every medical library. It is short, clear and definite in its phraseology—qualities which give it precedence over every book of the kind we have examined.

The publishers present it in a style worthy of its valuable contents.

A PRACTICAL TREATISE ON SURGICAL DIAGNOSIS, Designed as a Manual for Practitioners and Students.

By Ambrose L. Ranney, A. M., M. D., Adjunct Prof. of Anatomy and late Lecturer on the Surgical Diseases of the Genito-Urinary Organs, etc., in the Med. Dep't of the Univ. of the City of New York., etc. Second edition, enlarged and revised. 8vo. pp. 471. New York: Wm. Wood & Co. 27 Great Jones st. 1880. St. Louis: C. C. Pease, 514 Olive st. Cloth, \$3.

Dr. Ranney is to be congratulated upon the very favorable reception of his book by the profession. Only about a year elapsed after the issue of the first edition before a second was demanded. The opportunity thus afforded has been thoroughly utilized, and the second edition may almost be regarded as a new book, so extensive are the changes and additions. In its present form it is well worthy of a place in the library of the "busy practitioner" and it will be found among the most useful of student's manuals.

The publishers have given it a handsome binding which is at the same time strong and durable.

THE NORTH AMERICAN REVIEW. Edited by Allen Thorndike Rice. Dec. 1880, Jan. 1881. New York: D. Appleton & Co. \$5 per annum, single numbers 50 cents.

We have called attention to this valuable periodical, and again express our commendation. The social, political, legal, theological and purely scientific contributions contained in each number make it a fitting occupant of the place of honor upon the professional man's book-table.

The papers on the Ruins of Central America, by M. Charnay, are alone worth more than the subscription price.

The article in the December number on "The Public-School Failure," by Richard Grant White, will bring out considerable adverse criticism, but the author's positions ought to be thoroughly examined before he is condemned.

The Philosophy of Persecution, by Prof.

John Fiske, in the January number, gives food for thought and should be read by every student of human nature.

The *Limitations of Sex*, by Nina Morais, is of special interest to the physician and educator.

The February number will contain a paper by Gen. Grant, on the Panama canal project, and another, by the author of "A Fool's Errand," on "Aarou's Rod in Politics." The latter will, no doubt, be intensely partisan in tone, but, for the same reason, most interesting reading."

OPHTHALMIC AND OTIC MEMORANDA. By D. B. St. John Roosa, M. D., Prof. of Ophthalmology in the University of the City of New York, etc., and Edward T. Ely, M. D., Assistant to the Chair of Ophthalmology, University of the City of New York, etc. Revised Edition. 32mo. pp. 298. New York: William Wood & Co. 1880. St. Louis: C. C. Pease, 514 Olive st. Cloth, \$1.

The authors have attempted to give a clear and concise "dictionary" of ophthalmology and otology, to serve as a remembrancer for the student and practitioner. They seem to have accomplished this object most thoroughly. After the sale of several editions of the work as it was first published in 1876, the book has been carefully revised and considerably enlarged, so as to bring it fully abreast with the present advanced stage of those branches of medical science. The form is very convenient for the student, the binding is substantial, and the publishers have left nothing undone to add to the attractions of this vest-pocket manual. It is in no sense a substitute for the larger works, but it has its place as a book for ready reference, a place filled so well by no other volume with which we are acquainted.

THE POPULAR SCIENCE MONTHLY. Conducted by E. L. and W. J. Youmans. Jan. 1881. New York: D. Appleton & Co. Subscription, \$5; single numbers, 50 cents.

The January number contains fifteen papers on a variety of scientific subjects,

besides editorials, literary notices, popular miscellany and notes. A fine portrait, with biographical sketch, of the late Gen. Albert J. Myer, Chief of the U. S. Signal Service, renders this number especially attractive. Gen. Myer was a medical graduate, hence we feel a professional pride in his successful establishment of the Signal Service.

The conclusion of Dr. Lander Brunton's article on "Indigestion as a Cause of Nervous Depression," and a paper on the "Distinction Between Real and Apparent Death," are of great value from a medical point of view. A condensed abstract of Dr. R. Heidenhain's recent remarkable paper on "Artificial Hypnotism," will be read with interest by professional men.

Had we space at our command, we should copy the last-named paper entire. We give the *Monthly* our cordial endorsement.

HAND-BOOK OF CHEMICAL PHYSIOLOGY AND PATHOLOGY. with Lectures upon Normal and Abnormal Urine. By Victor C. Vaughan, M. D., Ph. D., Lecturer on Medical Chemistry in the University of Michigan, etc. Third edition. revised and enlarged. 8vo. pp. 351, with 48 plates. Ann Arbor: Ann Arbor Prtg & Publishing Co. 1880. Cloth, \$3.

It has not been many months since we gave this little work a cordial endorsement. The new edition shows much improvement, notably the addition of the wood cuts, which before were published separately. Numerous corrections have been made and the book is now probably the best textbook of the subjects included accessible to the American student. We repeat our former commendation.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F. R. C. S., Surgeon to University College Hospital and Holme Professor of Clinical Surgery in University College, London, etc. Sixth edition, revised and enlarged. 12mo. pp. 342, with 115 illustrations. Cloth, \$2 00. Philadelphia: Lindsay & Blakiston. 1880. St. Louis: H. R. Hildreth Printing Co.

Mr. Heath's little "Manual" has long

been accepted as the very best of its kind for the student and hospital interne. The new edition has been thoroughly revised and improved. Esmarch's bloodless method, Lister's antiseptic system, the different forms of extension apparatus, Sayre's plaster jacket, etc., all receive due attention. The work closes with pharmacopœial formulæ of the London hospitals, and hospital diet tables. We know of no work upon the subjects embraced which we can so cordially commend to our readers.

LITERARY NOTES:—

THE *Arkansas Medical Monthly* will be removed from Little Rock, Ark., to Memphis, Tenn. Our old friend, Dr. E. Cross, retires from his position as editor, and Dr. J. J. Jones will conduct its management. We trust Dr. Jones will be as successful in his new field as at Little Rock. He certainly has our best wishes for his fearless and spirited *Monthly*.

THE *American Medical Bi-Weekly*, formerly published in Louisville, Ky., had nearly closed its eleventh volume, when the severe and protracted illness of its editor compelled its discontinuance. Dr. Gaillard having entirely recovered, has revived it, and the first number of the twelfth volume has reached us. It is now a double-column octavo, larger than the old *Bi-Weekly*, and is published at \$1 a year, which makes it, considering the value of its contents, one of the cheapest journals published. Address the Editor, Dr. E. S. Gaillard, Box 1124, New York City.

THE *Veterinary Gazette* is a spirited, progressive, scientific monthly journal of practical veterinary medicine and surgery. We heartily commend it to the patronage of our readers. Subscription, \$1 50 per annum. Address Editors *Veterinary Gazette*, at 409 East 84th street, New York City.

THE *Rocky Mountain Medical Review*, a large, double-column octavo monthly journal of scientific medicine and general sci-

ence, edited by Dr. A. Wellington Adams, assisted by an able corps of collaborators, reaches us from Colorado Springs, Col. It is well printed upon excellent paper, and conducted with marked ability. Subscription, \$5 per annum. It has our best wishes for its prosperity.

THE *International Journal of Medicine and Surgery*, published weekly, succeeds the *International Surgical Record*, which we noticed favorably some months since. The new journal is edited by Drs. B. Newton, N. Senn, A. Rose, H. A. Bunker and C. H. Ten Eyck, at No. 1 Chambers street, New York City; subscription, \$5 a year. Especial features of the new enterprise are the publication of translations of complete articles from foreign sources, and a department devoted to the interests of surgical instrument makers. It presents a good appearance and well selected contents, both original and translated, in its first issue.

THE *Medical Library Journal*, devoted principally to reviews of medical works, literary notes and medical news, has made its appearance from Boston. No editor's name is given, but from the general character of its contents it seems to have a first-class editorial staff. Subscription \$1 25 a year. Address the *Journal* at 128 Tremont street Boston, Mass.

THE *American Specialist* is the new name of the periodical noticed a short time since under the title of the *Specialist and Intelligencer*, Dr. Chas. W. Dulles, Editor, and Presley Blakiston, 1012 Walnut st., Philadelphia, Publisher. Subscription, \$1 50 per annum.

THE *Medical Bulletin*, a large octavo monthly, edited by Dr. John V. Shoemaker, 1031 Walnut street, Philadelphia, appears greatly enlarged and improved. It is devoted especially to the interests of medical students. Subscription, \$1 per annum.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, FEB., 1881.

NO. 11.

Original Lectures.

CASE OF WHITE SWELLING OF KNEE JOINT.

BY LOUIS BAUER, M. D., M. B. C. S., ENG.

The patient has been attended for a short time by my colleague, Prof. W. G. Moore, for rheumatism, and then referred to the surgical department.

In October last he was seized and laid up by swelling and pains in several of his joints. His sufferings were very severe and accompanied with fever. Gradually, the symptoms subsided, except in one of the knee joints, which remained painful and swollen. The attending physician insisted upon his using the affected extremity, which steadily increased and intensified the local trouble. When Prof. Moore took charge of the case he promptly realized the fact that it had passed beyond constitutional medication and that it was a fit subject for surgical treatment.

The patient is pale, haggard and emaciated. Though he has no fever now, he is without appetite and his rest is broken. The joint is excessively tender, both on pressure and motion. The gentlest attempt at lifting the limb alarms him and causes tremor in the muscles of the injured member. The joint has lost its normal contours and the peri-articular structure is infiltrated and thus massively enlarged and indurated, interfering with the circulation in both

saphenous veins. The temperature in the tumefaction is enhanced, yet the integuments retain their normal color—they are rather blanched—hence the term "*tumor albus*," or "*white swelling*."

I can discern no fluctuation. The limb is notably attenuated, which renders the contrast between it and the tumor very conspicuous.

Etiology.—The ancestry of our patient gives us no reason to suspect any diathetic influences. They all enjoyed a remarkable state of health until old age. The patient is thirty-four years old, of good and sober habits. His health has never before been disturbed, nor do his two children manifest any signs of enfeeblement or vitiated constitution.

The causes of the late rheumatic attack are not known; his employment as a machinist in dry localities furnishes no clue.

Diagnosis.—There can be no doubt that the affection of the knee grew out of constitutional (rheumatic) causes. But the general disturbance has passed away with its causation. Obviously, the structural lesion at the knee had taken too deep a root to disappear with its cause, and the more readily persisted in its onward march, as the needful rest was not accorded for its recovery. Once fairly on its way, the disease continued advancing, notwithstanding that the patient again took to his bed. The reflex tremor, aside from incidental and unavoidable movements, was sufficient excitation for the gradual progress of the local lesion.

In all probability, the synovial lining was the original seat of the inflammation. There may have been a collection of sero-synovial effusion. Perhaps acute œdema in the sub-synovial tissues may have occurred, thus accounting for the original swelling of the joint.

But the present state of our patient shows that the disease has passed beyond the initiatory stage.

Tumor albus was once set down as a malignant growth. By our present understanding, malignancy depends on self-infection, the spreading of the neoplasm to adjoining lymphatic glands, eventually compromising the entire system. In that sense, white swelling is exempt from that term. It is, however, a protracted growth and its removal frequently requires amputation.

Modern pathology defines *tumor albus* as peri-articular inflammatory infiltration with coagulation of the plastic material, and is mostly the consequence of diseases of articular cartilages and the epiphyses of the bones. Where I find this peri-articular tumefaction, I expect deep-seated and permanent pathological changes in the structure composing the joints. This knowledge, derived from clinical observation, is of weight in forming the

Prognosis.—All such cases are chronic, and are protracted by violent structural changes. Under the most favorable circumstances they resolve by the slow process of fatty degeneration, provided that their morbid premises are capable of returning to a normal state.

Treatment.—To all intents and purposes, the disease is now a local one, whatever has been its original provocation. General treatment has proven ineffectual, so far as the knee trouble is concerned. We shall, of course, take care of his general condition, keep his bowels in order and procure rest by morphine. Since, however, undue motion has led to the aggravation of his case, absolute rest of the extremity in

favorable position (full extension) is likely to arrest the pathological progress and initiate improvement.

We shall put the extremity in a plaster-of-Paris dressing, strengthened by veneer splints, to prevent cracking (Esmarch). (This was done on the 27th of December last).

I again present (January 13th last) the patient to the class. From the time that his knee had been immobilized, the patient has experienced marked improvement. He could rest and dispense with anodynes; general appearance improved; with the removal of the cause of disturbance, his appetite returned and the effects are well marked. The swelling of his knee joint has greatly diminished; we infer this from the fact that his bandage has become loose. We will remove and replace it by a new one. In removing the bandage you notice that we can handle the limb with much more freedom and with hardly any pain to the patient. The tenderness has, consequently, diminished, and on examining the knee joint we find it reduced one-third. We owe these remarkable improvements solely to the immobilization of the affected extremity, without which it is almost impossible to contend against any articular affection. This simple remedy has affected a perfect revolution in the treatment of affected joints, and has proved the greatest adversary to the strumous theory. "Let well enough alone," is a good proverb, which we shall remember in our further treatment.

INFLUENCE OF QUININE ON THE FŒTUS.—Bunge (*Centralbl. f. d. Gynæcol.* 1880, No. 3) gave about 20 grs. of quinine to several women at the beginning of labor. Meconium was discharged during delivery in an unusually large number of cases. The children were very lively and their cardiac sounds unaltered, but they lost more weight in the first ten days than others born in the same hospital; this he attributes directly to the quinine, none of which could be detected in the mother's milk.

Original Communications.

*FAILURE OF VACCINATION.

Variolous Infection an Illusion; Vaccination an Injury to Health and a Danger to Life, and as a Protection Against Small-Pox, a Vanity.

BY CARL SPINZIG, M. D.

PROGNOSTICATION:—"Small-pox is eradicated!"—*Aug. Friedr. Hecker, 1808 (†).*

EXPERIENCE:—"Ars medendi non risi tardopede progreditur."—*Heinrich Rehlfs, 1879.*

Within the compass of this but chanced essay it might have appeared sufficient only to prove by statistics the truth of the propositions enunciated in the heading, but as statistical data generally, and those of vaccination in particular, admit of any desired flexibility, either to sustain arguments in its favor or totally to condemn it, it is essential primarily to obtain a correct understanding of the nature of small-pox, of the patho-chemical processes, and of the physical laws that determine its occurrence.

The phrase, the "variolous poison is a specific entity, *sui generis*," has, at the present state of physiological science, no other significance than being a *contradictio in adjecto*, having no other means of support as an established truth, except an indiscriminating credulity, or interested motives identified with the spoils of vaccination.

In harmony with the doctrine of specific infection, nothing is required to be known of the nature of variola.

The mysterious "poison of infection" is beyond the limits of physical analysis, and its action on the human organism is hence regarded also beyond explanation. It is, therefore, essential, in this "enlightened mystery," to employ another mystery, viz: vaccination, as the intellectual antidote, (analogous to the principles of homœo-

pathy—*similia similibus*, etc.) which, by means of dilution, is claimed to be possessed of the requisite ability to afford protection. With gossip of this kind the multitude is then lulled into dormancy, but alas, of a deceiving surity! Vaccination appears equaled by the "thirty-second dilution" of Hahnemann's wisdom, for, its claimed preventive power over the "small-pox poison" in its properly diluted state when applied to a perfectly healthy person, compares, in proportion, to an inflammation excited by the prick of a pin in the cutis intended to prevent *e. g.* pneumonia.

The "scientific proof" of the infectious nature of variola, controllable by vaccination, is then submitted in form of tabulated evidence, and intended to exhibit the "advantages" (here already *advantage* in lieu of *protection*) manifested by those who had taken small-pox and were previously vaccinated, over those who also had taken small-pox and never had been vaccinated. Pursuant to some reports (Philadelphia, Berlin, etc.), the vaccinated cases exhibit a rate of mortality only of one against three of those unvaccinated, and that in proportion to the number of plain and full vaccination marks the severity of small-pox slides from the maximum to the minimum. But such statistics are liable to have recorded incidentalities, and are open to numerous other and grave objections, yet the convenience thereby afforded spares the trying efforts of the scientific investigation of physiologico or patho-chemical and physical research.

Ultimately, after the originally claimed "protection," the controlling influence of vaccination over small-pox is, even statistically, not sustained. Refuge is then taken in another assertion, that vaccination (revaccination and frequent repetitions or subsequent vaccination) exercises a *mitigating* influence over the intensity of small-pox, and thus, it is asserted, small-pox epidemics, at the present (*i. e.*, in the latter decades) have been but light and of less

* Read before the St. Louis Medical Society, January 15, 1881.

frequent occurrence. In substance, this dernier pretext is literally crushed by the weight of the evidence from the destructive epidemics that devastated Europe and America in 1870, 1871-'72. Moreover, the arguments in its favor are partly invalidated by the facts that the social state and the hygienic conditions of those suffering from small-pox are of marked difference, and prove in favor of those vaccinated (demonstrated by the records of Philadelphia, Berlin and Vienna), for the suffering proletariat contributed most extensively to the rate of mortality, and among whom vaccination, as a rule, is usually neglected.

In correct inquiry, in medical science, the nature of the object, here small-pox, must be understood before remedial measures can be recommended with propriety; the study, therefore, of the nature of small-pox, and, *eo ipso*, of "infection," must be first in order.

In consequence of the facts derived from the morbid anatomy in variola, especially when the period of development of the morbid structural changes is compared with the space of time allotted to it by the doctrine of specific infection, the "infectious" origin and "specific" nature of small-pox must unceremoniously be rejected. The lesions, revealed by the autopsy, can not assume the degree of morbid alterations presented during the period of "incubation" and duration of the disease to date of death, a period of about two to three weeks,* the grave forms, lardaceous degeneration and disintegration of the glandular tissue, require, by far, a longer period. Thus the true nature of the small-pox process can only be comprehended after imaginary morbid causes are excluded from consideration, and the elements engaged therein are recognized as physiological component parts of the human organism, changed by the surrounding physical influences into pathological compounds.

* Compare author's pamphlet on Variola, etc., 1878, p. 88.

To indicate, in chronological succession, the stages of these processes and the space of time elapsing for the completion of each, would, in this place, be only a repetition of what has been submitted *in extenso* in our pamphlet on Variola, of 1878. Here it may suffice once more to state the fact, since corroborated, that *the eruptive character of small-pox is the outward manifestation of a process of decomposition of the blood, produced by the disproportionate quantity (from an excess of .05 to .08 per cent.) of urea.*

By reliable chemical analysis in physiological research, extending over a period of more than two decades, the fact is now fairly established, as is stated by most eminent authority,* that *normal human blood does not contain more than .01 to .02 per cent of urea, but variolous blood .08 per cent. and over.*† The accumulation of urea in the blood is owing to structural changes of the glands of secretion (kidneys, etc.), which thus fail properly to functionate, and from decomposed nitrogenized and albuminous matter throughout the human organism.‡ Its immediate augmentation is due, in a great measure, to the proneness to decomposition, which is effected by even a slight increase of individual caloric, thereby evolving gases (carbonic acid, carburetted hydrogen and ammonia), some of which are highly expansible and unduly increase the pressure of the blood, particularly in the

* Garup-Besanez, Physiologische Chemie.

† Coze et Feltz, Maladies infectieuses.

‡ A healthy man voids about half an ounce of urea in twenty four hours.—Golding Bird, Urinary Deposits, p. 77.

Urea is also derived from the decomposition of uric acid, which already takes place at 68° Fahr. Here is the equation:

Uric Acid:—

C.	N.	H.	O.
10	4	8	16

cleaving into two atoms of urea; and six of CO₂, viz:

C.	N.	H.	O.
4	4	8	4
6	—	—	12

C.	N.	H.	O.
10	4	8	16

Compare Preyer, Pfueger's Archiv, 1868, p. 424, and Golding Bird, l. c. p. 87.

capillary circulation. Thus the functions of the kidneys are greatly interrupted and a high degree of a uræmic (azoturic) poisoning of the blood will be the result. It is obvious, and, in this connection, perhaps, proper to observe that, in the winter season, merely limited meteorological fluctuations are sufficient to promote such processes in the human organism, and which, in their outward reaction, produce exanthematous manifestations. Moreover, by the degree of intensity of the meteorological variations and by the potency of uræmic reaction, the species of the eruption is determined, as this regressive action is analogous to that produced by fibrinous fermenting matter (fibrinfermente—Kaehler) which from the energetic absorption of oxygen lead, in the reaction of small-pox, to the formation of vesicles upon those surfaces to which atmospheric air has uninterrupted access.

Small-pox, like scarlatina and rubeola, according to their etiology, appertain to that class of diseases which prevail in the wintry season, when, from the intensity of the variations of meteorological influences, an epidemic prevalence results.*

* Most convincing evidence, in behalf of these propositions, occurred here in St. Louis, some few weeks since. Within one week, three daughters in one family died of scarlatina that could not be traced to infection; the residence of the family is located healthfully and conforms with ordinary sanitary regulations. The first daughter, aged five years and three months, died Nov. 27th; the second, aged seventeen years and two months, died on the 28th of November; the third, aged two years and eleven months, died Dec. 1, 1880.

Now it may be borne in mind that the wintry weather here set in on the 6th of November and continued, with only quotidian interruptions until the 12th of December, and from then until now. The above mortality coincided with the period of the greatest meteorological fluctuation, viz: when the barometrical ranges were equaling those extending over a period of an entire year. And in conformity with the barometrical fluctuation, the temperature fluctuated as a matter of consequence. The meteorological records are as follows:

Barometer.	Degree.	Time.
Maximum.....	80.786	Nov. 22, 7 A. M.
Minimum.....	29.829	Dec. 4, 11 P. M.
Range, in thirteen days, 1.457 inches.		

Thermometer.	Degree.	Time.
Minimum.....	10 F.	Nov. 22, 7 A. M.
Maximum.....	60 F.	Dec. 4, 11 P. M.
Fluctuation, in thirteen days, 50 deg. F.		

These facts, relating to the natural history of variola, grow in importance when we remember that urea is found in the human system in a higher per centage in the winter than in summer, and that it is more predominant in the male than in the female; in the child more than in the adult, but in the aged less than in either.* Moreover, we should remember the clinical fact that males are more numerously affected by small-pox than females, children more than adults, and the aged the least of all.† Further, that in geographical distribution the same law is found in operation, viz: in hot regions, small-pox prevails chiefly in high elevations (from six to ten thousand feet) and in the plains it nearly disappears. These facts of observation are chiefly noticed in Mexico, Central America, South America and Africa (Egypt).‡ It is, hence, fully evident, from the general facts and statistical data adduced, that the law is established, and as these facts precisely

* Compare Garup-Besanez. l. c., pp. 587 and 590.

† To corroborate this clinical fact, the following tabular statements of mortality, which is a fair index of the percentage of mortality, of sex and age, may here be reproduced:

Sex:—			
		Males,	56.83 per cent.
		Females,	43.17 "
Years.	Per cent.	Years.	Per cent.
0-10.....	47.27	50-60.....	2.86
10-20.....	15.01	60-70.....	1.82
20-30.....	14.15	70-80.....	0.81
30-40.....	8.98	80-90.....	0.04
40-50.....	5.20		

Of 175 children under ten years of age, 97 were males and 78 females. Of 588 deaths from small-pox, the age is represented in the following table:

Years.	Number.	Years.	Number.
0-1.....	157	35-40.....	21
1-5.....	226	40-45.....	5
5-10.....	65	45-50.....	5
10-15.....	14	50-55.....	3
15-20.....	20	55-60.....	5
20-25.....	28	60-65.....	4
25-30.....	20	65-90.....	0
30-35.....	15		

The first two tables are copied from the Annual Report of the Board of Health, Philadelphia, for the year 1872, and the third one from the *Jahresbericht des Wiener Stadtphysikates*, for 1879.

‡ Compare Lombard, *Climatologie medicale*, Vol. III, pp. 357 to 389 and 560; also Muehry, *Klimatologische Untersuchungen*, p. 277. In Morocco, where nothing but filth is met with, and a total absence of medical knowledge, small-pox is not destructive, owing to the mild climate (G. Rohlfs, *Arch.* Vol. I, p. 190).

correspond in elucidating a fundamental truth, that *the nature of small-pox is found in the reaction of urea on the blood, and that small-pox will occur and prevail when and where the reaction of urea is intensified by the nature of physical surroundings.*

From the physical nature of urea we know that it is readily dissolved by the warm animal fluids (warm water dissolves it in any proportion), and thus, from its proneness to decomposition, it acts on the blood corpuscles as a deoxidizing (reducing) agent.*

Oxygen is then at first attracted in the formation of septic matter, as a matter of consequence, and which again energetically absorbs additional oxygen from the atmosphere, analogous to "fibrinous ferments," and thereby the capillary vessels of those surfaces to which atmospheric oxygen is most readily accessible, are infiltrated with septic matter, and there terminate, by way of diapedesis, into the formation of the contents of the subsequent small-pox vesicles, which, in their phases, constitute septic abscesses on a small scale.

In the study of the etiology of variola, and if the theory of infection is admitted, the belief appears to be entertained that the morbid alterations of the blood corpuscles, as the peculiarities are found on microscopic examination, are a direct demonstration of the presence and form of the "specific poison of infection." But, in the limited company of that mode of inquiry, the actual state of the facts is not realized. Those visible changes can be produced artificially by exposing healthy blood to the reaction of a solution of urea. This subject is of uncommon interest, and it may, hence, not appear improper to allude to it here in detail.

The lithographic representations of corpuscles of variolous blood submitted by Coze et Feltz (Op. Cit., plate iv, fig. vii),

† Urea reacts intensely on the blood corpuscles.
—Rollet, *vide* Stricker, *Lehre von den Geweben*, page 290.

are intended to exhibit the "small-pox poison," and which is supposed to be *bacterii* and *bacteridii* that have entered the system from without, as by injecting blood from variolous patients, either in the liquid or dried state, the same kind of bodies are subsequently visible on microscopic examination. Many of the rabbits thus experimented on died soon afterward.

But similar, if not identical, effects are produced by mixing blood from healthy rabbits with a solution of chemically pure urea, and keeping the mixture in a warm room (65° to 70° F.) for eight or twelve hours. A great many of the blood corpuscles have then become granular, and have serrated or thorny edges. The liquor sanguinis contains large numbers of "dancing" granules of urea which resemble most perfectly *micrococci* and *shreddy bacterii*. The spectroscopic analysis of variolous blood, executed by Coze et Feltz, prove also nearly identical with those of Prof. Preyer (compare Pflueger's Archiv, Vol. I), with uric acid on hæmoglobin. In both examinations the hæmoglobin impressions had vanished.

With the view that small-pox never originated except by conveyance or "infection," and that the supposed "infecting" agent is a form representation of the lowest degree of organic development (similar to the also supposed "malarial poison"), it is intimated that atmospheric ozone, when acting in the normal mean, or even in an excess, would be the natural antidote also to variola, as the fact is well established that intermittent and remittent fevers disappear when ozone is predominant. But, as we know, variola can not be classified with fevers that originate and prevail in the summer and autumnal season when urea in the blood is reduced to the minimum, and glycogenic matter predominates. The pathogeny of those fevers is influenced by ozone, as by this agent it is reconverted into chemico-physiological processes that are curative of the fevers. In variola,

urea is in excess and glycogenic matter is almost entirely missing; ozone, therefore, does not influence the pathogeny of variola, and variola is, hence, found to prevail when ozone exists in the air even in marked excess. A direct proof is afforded by the records of Vienna, of the year 1877, when that place was subject to a rather light epidemic of variola, and the monthly means of atmospheric ozone were in excess, as recorded in the following table (Annual Report d. Stadtfysikates for 1877):

Month.	Per cent.	Month.	Per cent.
Jan.....	4.6	July.....	8.2
Febr.....	7.2	Aug.....	7.6
March.....	7.5	Sept.....	7.9
April.....	8.8	Oct.....	7.4
May.....	8.4	Nov.....	6.1
June.....	7.8	Dec.....	6.7
Annual mean..... 7.35			

To learn the approximate normal monthly and yearly means of ozone at Vienna, the rates for 1854 and 1855 are here reproduced:

Month.	Per cent.	Month.	Per cent.
Jan.....	5.23	July.....	5.23
Feb.....	7.90	Aug.....	3.60
March.....	5.71	Sept.....	2.70
April.....	4.25	Oct.....	5.01
May.....	4.30	Nov.....	2.90
June.....	3.75	Dec.....	3.90
Annual mean..... 4.06			

But of the meteorological fluctuations which are essential to the origin and prevalence of variola, the following variations are recorded at Vienna for the year 1877:

BAROMETER.			
Month.	Variation.	Month.	Variation.
Jan.....	-0.5	July.....	-0.5
Feb.....	-4.1	Aug.....	-0.9
March.....	-5.5	Sept.....	-0.7
April.....	-5.1	Oct.....	+1.1
May.....	-2.8	Nov.....	-1.7
June.....	+2.1	Dec.....	+0.2
Annual mean..... -1.5			

THERMOMETER.			
Month.	Variation.	Month.	Variation.
Jan.....	+ 1.3	July.....	+19.2
Feb.....	+ 2.7	Aug.....	+21.0
March.....	+ 3.7	Sept.....	+12.7
April.....	+ 8.1	Oct.....	+ 8.0
May.....	+11.9	Nov.....	- 4.8
June.....	+19.7	Dec.....	+ 0.1
Annual mean..... - 9.4			

RELATIVE HUMIDITY.

Month.	Variation.	Month.	Variation.
Jan.....	+4.5	July.....	+ 2.7
Feb.....	-3.1	Aug.....	+ 7.4
March.....	-0.5	Sept.....	+16.6
April.....	+6.1	Oct.....	- 0.2
May.....	+5.2	Nov.....	+ 4.3
June.....	-2.4	Dec.....	+ 4.4
Annual mean..... + 4.6			
Annual mean rain-fall, var... -19.0 m. m.			

It will be seen that these variations are extreme. In their fluctuations and intensity of reaction, during the season in which they were irregular, is to be found the cause of the morbid phenomenon here under consideration.

In order to compare the law of causation with the results of morbidity and mortality of variola, the following two tables are of great interest. They illustrate the verified fact that variola, in its occurrence and fatal effects, is on a parallel with the meteorological seasonal influences, and that its predominance is in a ratio with the intensity of reaction of their irregularities.

Morbidity of variola at Vienna in the year 1877:

Month.	No. cases.	Month.	No. cases.
Jan.....	238	July.....	78
Feb.....	191	Aug.....	60
March.....	287	Sept.....	46
April.....	198	Oct.....	91
May.....	158	Nov.....	129
June.....	94	Dec.....	184

Total for the year..... 1,749

Mortality of variola at Vienna in the year 1877:

Month.	Male.	Female.	Total.
January.....	47	38	85
February.....	36	33	69
March.....	44	41	85
April.....	38	37	75
May.....	23	25	48
June.....	23	18	41
July.....	14	21	35
August.....	13	10	23
September.....	9	8	17
October.....	11	16	27
November.....	23	21	44
December.....	20	19	39

Totals..... 301 287 588

The meteorological variations at Vienn

for 1877 compare fairly with those of Philadelphia at the time of the great epidemic of 1871-'72. At both places, low barometrical pressure, high rates of temperature, also high rates of relative humidity and deficiency of rain-fall, are noted. But it may not be necessary here to represent the manner in which these influences react on the human organism. This has been, to some extent, already indicated, and is elucidated by the study of biology and climatology. Here it is only requisite to direct attention to their preëxistence and co-existence with the occurrence and prevalence of small-pox.

The existence of the supposed *agent* of infection, the "infectious X" is, under the focus of scientific inquiry, consequently, nowhere to be discovered, and the *agency** active in the causation of epidemics, can not be admitted to be the asserted "importation" and "transmissibility from person to person or by things," but can only be recognized according to the evidence that we have produced, viz: that the nature of surrounding physical influences determines the line of demarcation of healthful or morbid action, and by the potency of their shadings, in the respective season and at the respective station, specialize the type of the prevailing epidemic.

In the presence of these facts, the question suggests itself: what is to be understood by the nature of the supposed "poison of infection?" Although various efforts have been made, at different periods, to demonstrate the nature and character of the "infectious agent," yet so far as the results of inquiry are brought to general knowledge, nothing of a definite character or "specific nature" can be demonstrated. Organic forms of the lower and lowest type of organization, whose nature is identified with that of retrogressive metamorphosis, were regarded as the true cause or the agents of several, at least, of the epidemic

diseases, and their subtle modes of diffusion have, by infectionists, been designated the source of the propagation. But from the "cylindrotænum" to the "globulated bacterii," "shreddy bacterii" and "bacteridii," the entire series is now known as mere *products* of the process of decomposition, forming the patho-chemical basis of one or the other epidemic disease.

The fermentative process supposed to be produced by virtue of one or another fungoid growth, which, in consequence of its special characteristics, determines the respective form of any of the "zymotic diseases," is now demonstrated to be simply a process of oxidation, as "zymogen," a non-fermenting substance of the pancreatic secretions, is converted into "trypsin," a highly fermentable substance, by the increase of its equivalent proportion of oxygen; and that "trypsin" is as readily reducible to "zymogen" by diminishing the quantity of its oxygen to the original chemical standard (Compare L. Hermann, *Handbuch der Physiologie*, Vol. V, p. 189). Whatever form representative of retrogressive growths is observed in fermentation can, hence, not be recognized as the *cause*, but only as a *product* of this process, of which oxygen is the agent and these growths, as material, only form a part of the agency for inducing an augmentation of fermentation. This fact is well founded in mycology by direct observation (Karsten, Hallier), and was abundantly corroborated by the late Dr. Theodore Hilgard, of this city, viz: the access of atmospheric air and the composition of the substrata or nutrient matter upon which the fungus is cultivated, determine its form representation (Eidam, *Mycologie*, p. 187).

Owing to these cardinal points in natural history, the hypothesis of the "specific nature of the "germs of infection" as the cause of diseases occurring epidemically, naturally proved contradictory in the explanation of the origin and diffusion of those diseases, and the proof supposed to

* These terms are here employed upon a classical definition of Dr. J. E. Tefft, Springfield, Mo., kindly suggested in a private letter.

be at hand in sustaining "infection" as to origin and portability, or the mode of diffusion, was exploded as a fact of experience after every epidemic. But efforts are not yet spared to revive the theory of specific infection. It is suggested by the "germ doctrine," although it is the ultimate rescue, that what are termed "the Pasteur discoveries" are direct evidence in its behalf.

Although the statements of Prof. Pasteur, made before the Academy of Science, at Paris, during the year 1880, have, in this city, been accessible only in fragments, yet the evidence is fully obtained that the existence of a *contagium vivum* is admitted, by which the endeavor is made to explain the origin and propagation of epidemic diseases (small-pox as one of them). For cholera the *microbiom* is claimed to be the "cholera organism;" for anthrax *micrococcus*, *sporules*, *bacterii*, etc., etc., (according to Samuel, *bacillus anthracis*) to be the infecting poison; for small-pox, as of old, the unknown "X," and therefore it is, by Prof. Pasteur, confidently believed that variola and vaccine virus will prove to be identical (of which, however, there has of late been no more dispute). It is thus further intimated, that in the attenuation of the virus, vaccinating, small-pox and cholera(?), will be found the prophylactic power against the true disease, in conformity with the doctrine, in the case of small-pox that an individual can be infected but once.

If science lacks better information, clinical history alone could produce facts proving the contrary. That "attenuation" (i. e., "vaccination" or "inoculation"), is followed by a signal failure, may be learned from the fact that, in Paris, as early as 1756, inoculation was practiced, and that a small-pox epidemic devastated that city in 1763. Those inoculated contracted the disease as well as those who have been vaccinated at the present day, and that Louis XV suffered from small-pox when fourteen years of age and died of the same disease in 1774, at the age of sixty-four years.

Inoculation (attenuation) was then abandoned (Compare the *Vaccination Inquirer*, Nov. 1879, p. 105).

However, all of these assertion can not be claimed as "Pasteur's discoveries," nearly the entire series have formed the basis of the nosology of infection for several decades, and the doctrine upon which vaccination is based, has been in vogue, following similar ideas, for more than a century.

Neither is the supposition of Prof. Pasteur strictly original as expressed in regard to the "anthrax poison;" that from buried animals, the poison would be brought to the surface again by the earth worms. It is stated that the bacterii would adhere to the surface of those worms, and would, in that manner, be brought again upon the surface of the earth, subsequently these being dried and carried off by air currents and thus be generally diffused for another infection. Prof. Pettenkofer claims to have first expressed such ideas respecting the diffusion of cholera, based on a similar supposition. This writer was of the opinion more than fifteen years ago, that deposits from cholera patients, containing the "poison," were absorbed by the ground, from thence again emitted into the air, and there generally diffused, and thus causing new infections. But at the present day this hypothesis is regarded as entirely obsolete even by radical infectionists.

To prove the illusion of Prof. Pasteur's supposition in regard to the revivification and diffusion of the "anthrax poison," as an illustration of infection, attention is invited to the fact that bacterii, bacteridii, sporules, micrococci, etc., etc., are found in myriads in the cesspools drained from dung piles; in ichorous fluids of decomposed animal substance, and in manure. Now, mostly all over the earth's surface, these substances are taken to the fields as fertilizers, particularly in close proximity to most populous cities (here at St. Louis, for instance, by the gardeners), and the

augmented crop, thus harvested in return, is there consumed without extermination of man and beast, as logically the result ought to be in accordance with the views of infection potentialized as suggested by the "Pasteur discoveries." To illustrate further the illusion attending that doctrine, the city of Croyden(?), England, may be cited here, where all dejections, slops, and foul water are conveyed by sewerage to meadows under irrigation, for fertilizing, the crop of hay harvested in consequence thereof is increased many fold, and the live-stock is fed with that hay; and now the butter and milk obtained from the stock and the meat of it is consumed by the inhabitants, yet it is not known that they are subject to more frequent or more intense epidemics than the inhabitants of other English cities. Those abortive bodies, the supposed agents of "infection" as we know, are of the lowest form representations in the regressive metamorphosis, and many of them have not even the power to propagate their own species. In "fermentation" they contribute to the augmentation of decomposition. Through warmth and moisture, they energetically absorb oxygen and cause that process to take a more rapid and intensified course. In their reaction, in the process of fermentation, they are analogous to leptothrix cells, and in regressive actions of the human organism, if injected directly into the blood, to urea; they are agents accompanying the fermentative processes, and by means of which they disintegrate. Their recurrence from decay and putrefaction proves, consequently, that they pertain to the products of these processes. According to Karsten, "they neither appertain to the animal nor to the vegetable world, their mission being only to contribute to the promotion of putrefaction and disintegration, like all septic bodies. They are only the constant companions of death" (compare Eidam, Mycologie, p. 186), hence they are totally devoid of specific quality.

The view that they are to be recognized as the source of "specific infection" must, therefore, be rejected, from the known facts of their natural history.

They are not the seeds of fructification in the development of special diseases, but they simply constitute material which, in combination with other fermentable substances, undergo septic (regressive) actions, analogous to urea in combination with albuminates or plasma.

Adverting now to vaccination, and bearing in mind the identity of vaccine lymph with that of the variola pustule, or that both contain merely the elements of pus (perhaps a higher percentage of urates respectively), the danger must be comprehensible to every one conversant with physiological chemistry, to which a person is exposed, particularly in early childhood, by being inoculated (i. e., vaccinated) with such material of decay; and the vanity of the "protective power" of "vaccine" matter over the fancied "poison of the specific infection" of small-pox is obvious.

By the masterly and most exhaustive treatise of Keber* on vaccine lymph, and by the thorough investigations microscopically, chemically and spectroscopically, of variolous blood, variola and vaccine lymph, by Coze et Feltz (L. C. p. 179), the identity of vaccine and variola lymph is fully established; also by the inquiry of the author, submitted in his treatise on variola (published in 1878), in which the results of extensive and careful personal examinations of variolous lymph are narrated and the facts indicated of its identity with vaccine lymph. Both contain the elements of common pus, and the origin of which is identical with that of the latter, according to the observations of Cohnheim (Entzuen-pp. 66 and 67, Embol. Proc., p. 102).

(CONCLUSION NEXT MONTE.)

* Ueber die mikroskopischen Bestandtheile der Pocken Lymphe, Virchow's Archiv, Vol. XLII, p. 112, etc.

MEDICAL DIPLOMAS AND MEDICAL SCHOOLS.

BY A. L. CHAPMAN, A. M., M. D.

At the suggestion of numbers of the advanced men of the profession of Kansas City, and because of numerous letters received both by them and me, touching certain counterfeit or bogus medical diplomas said to have been issued in the name of what is called the College of Physicians and Surgeons, of this city, I have thought it to be proper and due the profession at large, that I now answer those inquiries according to the best of my information. Notable among those who have addressed me may be mentioned members of the faculty of the St. Paul Medical College, Minnesota, the profession of Hot Springs, Arkansas, and of the city of Sedalia, Mo., through their representative men, besides a number of individual medical men in different portions of Kansas and Missouri.

In answer to these and others of my medical brethren, I have the honor to say, that what at first appeared to be a bogus medical diploma—written in very bad English—has turned out to be the real diploma gotten up and regularly issued by what is called the College of Physicians and Surgeons, of this city, the name of the said institution having been quite recently changed to the more modest appellation of the Kansas City Medical College. I must here confess that it is with reluctance, although with sentiments of the kindest fraternity to the individual members of the said institution, that I herein briefly present to the profession some of the phenomenal features of that diploma.

I have before me a copy of that diploma, which was signed, sealed and delivered in the year of Our Lord, 1880. At the head of this diploma are to be found the words, "The College of Physicians and Surgeons," which, I suppose, is the corporate name of the institution, while in the body

of the diploma the institution calls itself, in large capital letters, "The College of Medicine and Surgery," thus making it a clear violation of law in calling the legal or corporate name of one institution by that of another. There is no such institution in this State as the College of Medicine and Surgery.

Again, this *curious* diploma nowhere expresses, neither does it anywhere imply, that the degree of Doctor of Medicine is conferred by any particular person, nor by any body of persons; neither by a president, nor by a faculty, nor by any body of trustees or curators, nor by any of these together or separately, but only that Mr. — is declared, by somebody, neither named nor implied, "a graduate *with* the degree of M. D." Furthermore, there is not a *single word* in the so-called diploma indicating that it is conferred by any authority whatsoever, neither by the State, nor by any corporate body acting under the laws of the State, nor by any individual authorized by law, but without the name of any person or persons, and without the authority of any law, "*Mr. — is declared a graduate in This College of Medicine and Surgery with the degree of M. D.*" Now a person may, under certain circumstances, be declared a graduate of a college, but to declare a person a *graduate in a college with a degree* is quite beyond the pale of criticism. The word graduate, as almost any one ought to know, means simply and only, one having a degree, and thus, according to the said diploma, Mr. — is declared to be one having a degree with the degree of M. D. Furthermore, degrees are not *declared*, but are *conferred*.

Again, by the language of this remarkable instrument, proficiency in medical knowledge or a satisfactory examination is not only not included in the requirements necessary to graduation, but it is implicitly excluded therefrom, and, although the words, "necessary requirements," appear, it is not intimated what these necessary

requirements are, only that a satisfactory examination is not included in them.

All proper diplomas are conferred by authority of the State, and formally so expressed upon the body of the diploma; they are granted also because of certain meritorious or scientific acquirements made by the applicant, and which are also acknowledged upon the body of the instrument; and they are moreover conferred by some particular person or persons definitely set apart and authorized by law to do so, all of which, when written in English, is expressed in good grammar and in language as accurate and precise as in a common deed or mortgage in law.

Not one of these things is true of the document here in part described. Nor do the grammatical blunders of the said diploma pertain only to its scope and composition, but even to its orthography, making it altogether the most disgraceful and illiterate jumble that could well be imagined. For example, the word practice is spelled *practise*, and the word principles is spelled *princepals*.

That such a thing is allowed to thrust itself upon the civilization of this age, in the eighteen hundred and eighty-first year of Christ, and in the twenty-three hundred and forty-first year of Hippocrates, and to pass current, too, among the fellows of the College Association (or ring) of North America, is enough to stifle and paralyze all hopes and efforts for medical regeneration and reform entertained to-day.

Nevertheless, those who are familiar with the origin of the said institution are aware of the fact that the whole thing was gotten up through the mania and for the sole purpose of advertising. On page 159 of the Auto-Biographical Dictionary for Missouri (sometimes called the Book of the Biography of the Big Men of Missouri), it will be seen that the individual who therein claims the chief honor of originating the said institution, and who is represented on the page aforesaid as "possessing brilliant and

extraordinary talents," that "as a lecturer he is clear, original and brilliant," that even "royal blood flowed in his veins" (May God have mercy on the *long horned*!), that he "graduated in 1849 at a medical school (now defunct) at LaPort, a small town of Indiana," etc., etc. The same individual, Dean of the Faculty from its organization, and now Professor of Obstetrics in the aforesaid institution, kept a lengthy advertisement in the daily *Journal of Commerce*, of this city, up to within a short time of going into the college speculation, representing himself in said advertisement as "Physician, Surgeon and Oculist, Late Surgeon Volunteers, U. S. A., fifteen years experience in the practice, especial attention paid to diseases of the eye," etc., etc., all of which may serve to give some idea of the puerility and egotism which puts itself forward as the representative of a learned profession.

I had all along been accustomed to think that it was the peculiar prerogative of cultivated intellect to teach the principles and to confer the honors of the learned professions, and that intellect which is neither inherited nor cultivated was entitled to no such a privilege. Although I must confess that there are some connected with the aforesaid institution who might be entitled to better associations, nevertheless, I submit to my good brethren of the profession, that such an instrument, dignified by the appellation of "diploma," is calculated to cast discredit upon the great and good name of our noble science.

KANSAS CITY, MO.

Clinical Reports.

EUCALYPTOL IN ALBUMINURIA.

BY WM B. HAZARD, M. D.

My friend, Prof. Louis Bauer, M. D., has been engaged for some time investigating this comparatively new drug, and has

engaged to report his results to this journal. In advance of a full report, he has kindly furnished the particulars of a case which was also under my own observation and which excited my interest greatly. The patient seemed to be the victim of genuine Bright's disease, but it is more than probable that Dr. Bauer's diagnosis was the correct one.

CASE.—A gentleman, aged forty-five, was for several weeks engaged in the reconstruction of a building and was thus constantly exposed to sewer gas. Very soon he was attacked with a pronounced form of malarial fever and total disarrangement of his digestive apparatus. In delaying appropriate treatment his condition became more aggravated and serious.

When at last the patient came under our observation, moderate ascites and anasarca had been superadded. The general appearance of the patient denoted hydæmic cachexia. The pallor of his skin was somewhat changed by a yellow tinge; liver and spleen enlarged but not tender. The vital functions were sluggish throughout, stool and urine scanty. The microscopic examination of the latter did not reveal any evidence of renal disease, but on the proper test precipitated a large quantity of albumen. Aside from these symptoms the patient was at no time entirely free of fever as indicated by the increase of temperature and pulse, but there were exacerbations of a very marked tertian type, which terminated without the usual supplementary critical discharges. The skin was altogether inactive.

These are, in the main, the pathological features presented. The patient could not comply with the advice to leave the premises, and the cause of his sickness could not, therefore, be removed. It should, however, be mentioned, that the progress of the work gradually lessened the effluvia from the sewer.

The first object of treatment was to arrest the febrile disturbance with large doses

of quinine. This was only partially successful, even the addition of arsenic and iron did not break the fever until the sewer had been put in complete order. Up to this time no special attention had been paid to the dropsy, with the hope that with the effectual removal of the cause, its effects would spontaneously terminate. In this expectation Prof. B. was not only disappointed, but the dropsical collection even increased and materially interfered with respiration. The percentage of albumen likewise augmented. Moderate purgation had no effect in giving relief. Hot air and variously medicated baths did not change the inaction of the skin. Various diuretics failed to increase the urinary secretion. "Thus," Prof. B. remarked, "I had almost arrived at my wits end, when it occurred to me to employ the diuretic action of eucalyptol." It was prescribed in the shape of an emulsion, and the dose gradually increased from five to fifteen drops four times a day.

From the start, the patient realized the beneficial effects of the remedy. Above all, the albumen in the urine steadily diminished, and at the end of ten weeks' use of this remedy the patient was completely relieved of his dropsical symptoms. Repeated examinations of his urine have since been made, but not the slightest trace of albumen has been discovered.

Since then Dr. B. has treated two other patients in similar but less aggravated conditions, with eucalyptol, and accomplished the same prompt and enduring benefits, and for these obvious reasons he feels warranted in commending this drug as a reliable diuretic to the profession.

It only remains to say, that the eucalyptol which the Doctor employs in his experiments, and which was used in the cases just referred to, was furnished by Messrs. Sander & Son, of Sandhurst, Australia.

St. Louis, 5 High street.

Translations.

(Translated for the Clinical Record.)

TRANSMISSION OF TUBERCULOSIS BY THE MILK AND FLESH OF PHTHISICAL COWS. (*Jour. de Méd. et de Chir. pratiques*, Jan. 1881).—If it were demonstrated that the ingestion of the meat or milk of phthisical animals was capable of transmitting tuberculosis, doubtless a veritable revolution in our alimentary hygiene would be produced. To the present time, it is true, the question has not been definitely settled, but on many points the results already obtained appear to demonstrate that dangers to the public health may arise from this defective alimentation.

We know that when M. Villemin first stated that tuberculous matter was inoculable upon animals, doubts were raised on all sides against his assertion, and that his opponents sought to prove that products of whatsoever nature, inserted into the tissues, might give rise to changes similar to those obtained from the inoculation of tubercle. Since then, nevertheless, repeated experiments have confirmed the reality of Villemin's statements. Inoculation and ingestion of tuberculous matters are capable of determining tuberculosis in animals. Without going back to facts already old and well-known, we shall here deal only with some of them but recently made known. Thus, M. Toussaint has been able to produce tuberculosis in a pig by means of the inoculation of two cubic centimetres (half a drachm) of the meat juice expressed from the muscles of a tuberculous cow. M. Bouley reports that the same experimenter has caused tuberculosis in an animal of that species by injecting into the cellular tissue a few drops of the blood of a tuberculous soldier. In addition, the facts communicated by M. Toussaint to the Academy of Sciences have shown that he could, so to speak, produce tuberculosis at will in the porcine species, which is very refractory to

this disease, either by inoculation or by ingestion.

A fact, lately published in the *British Medical Journal*, demonstrates that this transmission may take place accidentally among these animals. This concerned a dog which, frequently eating of the sputa expectorated by a consumptive, himself became tuberculous, as was verified at the autopsy. The "germ theory" would easily explain all these cases of transmission, in case the works of Klebs were verified. This author announces, in effect, that the inoculated liquids will determine a true tuberculosis only when they contain a special bacterium, which he has succeeded in cultivating after Pasteur's method, and has inoculated successfully after having multiplied it by cultivation.

All these facts, which demonstrate the transmissibility of tuberculosis from men to animals, render exceedingly probable, without demonstrating it—the experiment not having been made—that of animals to men.

There does exist, according to M. Hugues, an experiment made from man to man, under conditions which are at least strange. The experiment, made in Greece by Demet, Paraskera and Zallonis, is reported in the *Annales de la Société de Médecine* of Anvers. These observers succeeded not only in transmitting the disease to rabbits through the intermediacy of the sputa of a man affected with phthisis, but they hazarded an unprecedented experiment by inoculating a subject of the human species whose lungs were perfectly sound and whose history permitted no supposition of his possessing any hereditary tendency. This man suffered from gangrene of the left great toe due to obliteration of the femoral artery. Amputation of the leg was proposed, but the patient refused to allow it to be done. As the termination of the gangrenous process was inevitably fatal, this man was made a subject of experiment, and was inoculated in the upper

part of the left thigh with a certain amount, of sputa from a man affected with phthisis. About three weeks later, auscultation at the apex of the lung revealed a slight murmur which went on increasing. Thirty-eight days after the inoculation, this man died from the effects of gangrene of the limb. At the autopsy, in the upper portion of the right lung, twenty-six tubercles were found in the first stage of development, varying in size from a lentil to a mustard seed; two similar tubercles were found at the apex of the left lung and at the level of the liver. Now, it is hardly admissable, say these authors, that the patient, who was fifty-five years old, could have had twenty tubercles only in their first stage of development, if we do not attribute them to the inoculation.

Leaving this experiment aside, which is more remarkable for its immorality than for its scientific precision, and which, besides, is more related to the question of the contagiousness of phthisis, it appears more than probable, when we see so many species of animals (among which some seem almost refractory to tuberculosis), furnishing a favorable soil for the tuberculous contagion, that the same holds good for man, and that, like animals, he is also capable of contracting tuberculosis by inoculation or by ingestion. Now, this fact is not without interest when we consider how frequently phthisis occurs among cows, for, according to some authors, in certain localities, fifteen to twenty per cent. of the cows are affected with this disease, and, on the other hand, how widely spread is the medicinal use of raw meat. Again, emaciated cows, called "old soldiers," furnished the army, are frequently phthisical. Very happily, in this case, the habit of eating this meat "well done," is a safeguard against the possible transmission of the disease; nevertheless, we cannot avoid connecting this fact with the extraordinary mortality by phthisis in man, especially in the army, a mortality

that furnishes one-fifth of the deaths below the age of thirty years.

The question of the transmissibility of tuberculosis by way of milk is, perhaps, of still greater importance, for, much more frequently than meat, this liquid is taken without being changed by cooking, and that it forms the almost exclusive alimentation of a whole class of individuals. In the large cities, it is true, phthisical cows are rare enough, because as soon as they become affected they emaciate and yield a lessened amount of milk, consequently the owner has every advantage in getting them off his hands. In the country, where phthisis is extremely frequent among cows, this does not hold good. According to experiments by M. Peuch, recently communicated to the Academy of Sciences, it is demonstrated that phthisis is transmissible to swine and rabbits by means of milk freshly drawn from the cow. These experiments, which are too long to quote here, are perfectly conclusive, and, besides, are not isolated. Bollinger, of Munich, particularly, has also made numerous tests proving the transmissibility of tuberculosis by milk, always with this restriction, that certain forms of tuberculosis in animals are harmless in this direction. He also gives the case of a tuberculous child of five years, in whom the disease could be attributed to no cause except the prolonged use of milk coming from a tuberculous cow. Under the same conditions, Klebs has developed the disease not only in the rabbit and Guinea pig, but also in the dog by feeding them with milk from a cow that had reached the last stages of phthisis.

The transmission of tuberculosis to animals by milk, therefore, can no longer be doubted, nor that it may result from feeding on meat having the same origin. It remains to be known whether the same does not occur in man, and whether we do not here confront a powerful cause of tuberculosis. This question is still in doubt, and can only be solved by attentive observation,

especially in limited localities which are sufficiently isolated and in which the physician is acquainted with all the persons and things. Notwithstanding this uncertainty, M. Bouley, in an excellent article in the *Recueil de médecine vétérinaire*, holds that the danger is a real one, and that it is well that the public should be warned of it in order to provide against it, especially at this time when the alimentary use of raw meat is so often prescribed as a remedy in anæmia. The learned professor continues that one result of these facts should be, that in the *abattoirs* the inspector ought to show great rigor relative to phthisical cattle, and that it would be prudent to make use of milk only after it has been boiled, especially for infant feeding, so long as we are not sure of the source whence it comes. Cooking, which kills cell life like that of parasites, ought to render both meat and milk inoffensive. In the same way we may quiet our apprehensions as to the use of meats consumed by armies.

We shall conclude by calling attention to an article by M. Vallin, in the *Revue d'hygiène*, on the same subject, in which he recalls the fact that, since 1876, the Minister of Agriculture, of the German Empire has ordered, relative to the use of the milk of phthisical cows, the institution of experiments and an inquiry, which is not yet ended, and that Virchow, a member of this commission, some weeks since, published an important article in relation thereto. It would be worthy of the Institute or of the Academy of Medicine, he adds, and we can only unite our wish with his, to create, with the same end in view, a commission composed of the best qualified *savants*, to undertake renewed experiments, and whose duty it shall be to tell us, at the same time, what grounds exist for fear, and whether there are also the germs of hope.

NERVE-STRETCHING IN ATAXY (*Ibid*).—Prof. Charcot presented at one of his clinical conferences at the Salpêtrière Hospital,

an ataxic case upon whom M. Debove had performed an operation but seldom resorted to, and which has been followed by variable success: stretching of the sciatic nerve. The same patient has been presented to the Hospital Medical Society and M. Debove has given some particulars relative to the subject which are worth reproducing.

The difficulties met with in the treatment of the tearing pains of ataxy have led a German surgeon, Prof. Langenbeck, to try in these cases this new method which has been followed quite frequently by success in the treatment of certain forms of neuralgia. In this case, the operation performed upon both crural and the left sciatic nerves led not only to the cessation of the tearing pains, but also caused the symptoms of motor incoördination to cease. The cure persisted indefinitely in this instance, and the patient died some time afterward of apoplexy. In a second case, cited by Esmarch, this surgeon stretched the nerves of the axillary space for the atrocious pains in the fore-arm of an ataxic. Again the pains ceased, as did also the incoördination of movements in the lower extremities. Finally, Erlenmeyer has performed the operation once, with intent to relieve motor incoördination; but the result was no appreciable improvement, although there was a slight increase of muscular strength.

In view of these facts, M. Debove resolved to test the operation upon a patient who daily suffered attacks of atrocious tearing pains in the four extremities and who had been obliged to keep his bed for eighteen months because of complete incoördination of movements of the lower limbs. The pains were scarcely controlled by injections of morphine which had reached sixteen centigrams (two and two-thirds grains) per diem. Under these conditions any therapeutic experiment was warranted, and the operation was performed by M. Gillette, surgeon to the Bicêtre. The left sciatic was laid bare at the middle of the thigh and stretched twice,

quite violently with the fingers. An antiseptic dressing was then applied and the sequelæ of the operation were without any gravity. Neither paralysis or motion nor sensation followed this stretching of the nerve; while after the following day there were no more of the tearing pains in any of his limbs. Some days later the patient experienced the return of a certain degree of sensation and the notion of the situation occupied by his members. Three weeks after the operation the pains had not returned, except a gastric *crisis* of diminished intensity; the motor incoördination was less marked, and the patient could take a few steps with the support of an assistant. Absence of tendon reflexes still persisted.

To sum up: the operation—which was performed without chloroform for fear that the excitation of the nerves would favor arrest of respiration and circulation—has led to considerable results. The pains have ceased, not only in the member which was the seat of the operation, but in all the others; sensation has returned, and walking has even become possible, to a certain degree, which would certainly have been much greater if there had not been present a very marked degree of muscular atrophy. According to the patient, the operation itself was much less painful than the daily attacks to which he had been subject. This case is then a strong encouragement to test a procedure which, thus far, has presented few inconveniences in all cases in which it has been tried at an advanced stage of the disease. Besides, M. Debove has several times had occasion to repeat the test upon other patients and with analogous results, but these new cases are still too recent for us to judge of their value at the present time.

♦♦♦
SPONTANEOUS CURE OF PULMONARY PHTHISIS (*Lyon Medical*, Dec. 26, 1880).—Dr. Heitler has examined the lungs of 17,562 cadavers, with reference to this question. Without counting cases of doubtful cic-

trices or pleural adhesions, he has found 780 caseous deposits cured in subjects who had died from diseases entirely unconnected with tuberculosis. Of these 780 subjects, 503 were males and 277 were females. As to age, the distribution was equal from twenty to sixty-five years. One died at a hundred and one, and another at a hundred and three years! All belonged to the laboring class. The lesions consisted of cicatricial nodules strongly pigmented, very black, surrounded by gray or yellowish concretions. He has found cavities cicatrized, the volume of which varied from that of a hazelnut to that of an egg.

In 651 cases, the lesion was bilateral, almost always limited to the apices. Spontaneous cure, says the author, is more easy in chronic than in acute cases. We can always hope for it so long as tuberculosis has invaded only the upper lobes of the lungs. When the lower lobes are involved, the patient may hope for periods of arrest of the progress of the disease, but cure is no longer possible.—*Med. Jahrbucher*, 1880, Heft III.

Correspondence.

A PLEA FOR SCIENCE AND HUMANITY.

Editor Clinical Record:

In the January number of the RECORD, Dr. C. L. Carter takes me to task for my "erroneous and deadly views on pneumonia." The Doctor does this in the interest of science and humanity.

He says: "My time and writings for many years have been devoted to general principles, which I conceive to be the only correct means of comprehending special diseases, on which I consider any article second-class reading."

I am glad the Doctor has, for one time, come down from the starry heights where he seems to have been soaring for some

years, to notice this second-class business of therapeutics and practice.

I feel myself highly honored in having my name connected with Prof. Bennett in this matter. I presume Bennet, were he living, would feel the same way. The Doctor seems to have written a book to correct some of Bennett's errors in pathology. I would advise the Doctor to lend him a copy of his "General Pathology," but for the fact that the Scotch are so bull-headed, and Bennett has been dead for some years.

John Wesley says, when he went to Scotland to preach, that the Scotch *knew* all, *saw* all, and *felt* nothing. Now, as they are not very emotional in religion, they may be the same way in physic.

I can excuse myself for writing about this second-class business of special disease, as it is by this I make my bread and butter. No doubt Dr. Carter thinks Flint was in rather small business when he wrote his "Clinical Medicine."

The Doctor says, "I was astonished that Prof. Bennett gave expression to an idea so erroneous (that inflammation is exudation of liquor sanguinis) and referred to that expression in my 'General Pathology,' in which I stated that actual congestion is inflammation, or, still more definitely, inflammation is oxidation."

Dr. Dunglison, in his Medical Dictionary, makes oxidation and oxygenation mean the same thing. So then, if it is too much oxidation, or oxygenation of the blood, that kills in pneumonia, the best thing to do for the patient would be to shut his wind off.

Etiology.—Dr. Carter says, "Exposure to cold and dampness is a frequent cause of pneumonia." "Also, it has some kind of relation to the causes which give rise to ague."

"A quarter of a century ago, chills and pneumonia were alike rife here, but now these wide fertile prairies have been plowed and placed in a high state of cultivation,

and both forms of disease have almost disappeared."

If uncultivated, unbroken prairie generates pneumonia, our government, in the interest of humanity, ought to buy plows and break the whole country over. And as pneumonia is very prevalent and terribly fatal in Leadville, ten thousand feet above the ocean level, Colorado should look into this prairie business.

Treatment.—"Now we have reached the point of greatest divergence of opinion. Dr. Dewey attempts to revive the old error—phlebotomy—that brought obliquity on our profession when pathology was in its swaddling cloths; that draped many happy families with a pall of death; that sent many helpless children and life-loving but too-confiding men and women to premature graves and their estates to probate. No wonder Dr. D. considers pneumonia 'The King of Terrors.' In its treatment, death has generally followed in the wake of the lancet."

Well, after reading this appalling episode I sang, in minor strain,

"Hark from the tomb a doleful sound,
Mine ears attend the cry,
Ye living men come view the ground
Where you must shortly lie,"

(if you are bled).

I am happy to learn that Dr. Carter has never been an accomplice in these tragic scenes.

No graveyard scenes before his vision pass,
No weeping widows cry alas! alas!
No orphan children weeping day by day,
No graven marble tells where patients lay,
No tolling bells announcing one is dead,
No hurried wills on county records spread.

The Doctor says, "I may be permitted to say, in behalf of science and of the position I defend, that in the last ten years I have treated above one hundred and fifty cases of uncomplicated pneumonia, among which not a single death occurred."

Now, it is very remarkable that so many cases should have occurred after the causes had been absent for twenty-five years. If there occurred one hundred and fifty cases in his practice alone after the agent producing the disease was extinct, how many

cases would there have been if those fertile prairies had remained unbroken.

As to the complicated cases, the Doctor is silent. The number of complicated cases compared to the uncomplicated is about ten to one. I mean, where there is no bronchitis, or pleurisy, or any other trouble. So, according to this estimate, there ought to have been, in this neighborhood, fifteen hundred cases in all. What became of the thirteen hundred and fifty poor fellows who had the complication "deponent sayeth not."

I have read Gulliver, and Munchausen, and Arabian Nights, and am therefore strong in the faith.

Not long since I met a doctor at one of our county medical meetings, who informed me he had, during that winter, treated two hundred and twenty-five cases of pneumonia, all of whom recovered. Now if any doctor can beat this, I will set up the cigars. This doctor lives in a prairie where the polwshare has eradicated the cause of pneumonia long since.

My friend Carter further says, it is strange so many should die in my district and I such a blood-letting. I will say, this district is composed of five counties, and that I did not get all the practice. I will further say, that the persons whom I mentioned in my essay as having died of pneumonia, did so die unbled, and "their sepulchres are with us unto this day."

If blood-letting is so deadly an affair as Dr. Carter believes, it is due to humanity that something be done to prevent Wood from sending Trousseau's Therapeutics broadcast over the land. Trousseau's anti-phlogistic treatment of "frank pneumonia" is so appalling.

As the Doctor don't deal much in second-class stuff, his treatment is consequently brief or in few words. "Warm fomentations in the incipient and blisters in the confirmed stages are the sheet anchors." How these plasters are to prevent "oxidation" we are not informed.

In conclusion, I would say, it is not a creditable thing for a doctor to believe in ghosts. The terrible evils the Doctor pictures as following in the wake of the lancet, in incipient pneumonia, are purely and solely imaginary. The doctor who cannot distinguish the debility of the disease from that of the lancet is blind and "cannot see afar off."

The evil consequences of blood-letting are not matters of experience, but of tradition. There is not a doctor living on God's green earth who can hold up his hand toward high heaven and swear he ever saw a man sink from a bleeding in pneumonia. The fulminant cases will die if they are not bled in the incipency.

The best authorities (opponents of blood-letting) admit this, among whom is Fox, in Reynolds' System. The doctor who would bleed all cases, and in all stages, is an egregious ass. A doctor who terms the natural course that pneumonia will run when once well established has no or little confidence in blood-letting or any other means of curing the patient. Our duty is to try and keep life in the patient 'till nature cures him.

G. M. DEWEY.

KEYTESVILLE, MO.

Extracts and Abstracts.

OBJECTIVE POINTS IN THE TREATMENT OF PHTHISIS.—Dr. Wm. Porter, of St. Louis, read a very interesting paper on this subject before the Tri-States Medical Society, at its last meeting. The following is a brief abstract: The author tries to answer the questions: "Why do we treat phthisis?" and "How shall we treat it?" To the first he answers: "Because it is not self-limited," repeating a careful review of Dr. Flint's paper (asserting the self-limitation of the disease) which seems to be quite conclusive, and "Because it often responds favorably to treatment." In this latter relation, he quotes from the British Registrar General's reports figures which show that a reduction of more than five per cent. in

the mortality from phthisis occurred in Great Britain within twenty years after the introduction of cod-liver oil, and adds, "that in no disease is careful watching and judicious treatment more amply repaid than in phthisis."

As to *how* to treat this affection, he offers nothing new or startling. He insists upon a careful and thorough physical examination of the patient at the start. This, he contends, is too often neglected. Care, rather than skill, he states, is necessary in the discovery as well as the treatment of phthisis.

"As phthisis is preëminently a wasting disease, the main defense must be in increasing the power of resistance to waste." He speaks well of cod-liver oil, or, "better still, the well-known malt preparations, especially the excellent combination of maltine with peptones." As to clothing, he says, "thin living" insures "thick dying." "Thick woollen underclothing in winter, frequently changed," he believes a necessity in the treatment of tuberculosis. "If the disease is not active nor the patient too weak, the cutaneous function will be stimulated, as also, perhaps, the nervous system, by a quick shower bath in summer, and frequent sponging in winter; the fitness of this procedure to be determined by the amount of reaction afterward." For the exhausting night-sweats, he recommends a few grains of Dover's powder, or one of the mineral acids—especially the nitromuriatic. He has seen little good result from atropia.

He concludes: "It is not over medication that is needed, nor is it a dependence upon the intrinsic tendency of the disease to recovery that stamps successful practice. Rather is it careful but decided aid to nutrition, attention to the protection of the body, proper use of complete rest and gentle exercise, each in its place, and promptly meeting all waste that will avail most. *

* * * * It is by treatment, hygienic and therapeutic, that phthisis is to be limited.—*Med. Herald.*

BLOOD-LETTING, POULTICES AND NEW REMEDIES.—In the course of an able article on pneumonia, Dr. Hiram Corson, of Coshocton, Pa. (*Phil. Med. and Surg. Reporter*), writes as follows: "I have been in active practice continuously for fifty-two years, and during all that time have not once had occasion to believe that there was any change in the human system, or in the

climate, which made it more hazardous to treat acute inflammatory affections by means of cups or leeches, and other anti-febrile remedies, than it was in the beginning of my career. I am, therefore, free to declare that it is just as safe to use them now, and they are quite as efficient, as they were in the days when the physicians of Philadelphia were using them so freely, with so much confidence and with so great success. Surgeons now perform fearful operations, by which not only is a great amount of blood lost, but the patient is also injuriously affected by the shock to the nervous system, and yet the recoveries are oftentimes astonishingly rapid. Women, in time of childbirth, often flood until they are in the very presence of death, and yet, when it is arrested, they will, in a few days, be found as bright and cheerful as if nothing had happened; soon regain their usual strength, and have no disability from their loss of blood. They bear it as well now as they did fifty years ago. Even those who would not bleed a woman in labor to save her from convulsions, have no fear that she will suffer from a flooding which happened after the delivery of the placenta. A man may cut his leg and bleed till he faints, but no one feels that the mere loss of blood will do him any permanent injury; and yet what a hue and cry from these same people if a physician should bleed a person to remove a congestion of the brain, or relieve a pain in the head or a pleurisy. I have rarely met with a graduate of the last fifteen years who has ever used a lancet, and yet these are the very persons who are so opposed to its use. They regard the older physicians who do use it as persons who are ignorant of the 'valuable new remedies' (which they believe were discovered about the time they began to study medicine), when the truth is, they are themselves ignorant of nearly all the means of cure, save veratrum viride, aconite, digitalis, a few cathartics, morphine, chloral and—I was near forgetting them—poultices; poultices for croup; poultices for diphtheria and scarlet fever; poultices for the liver and poultices for the kidneys; poultices for the chest and poultices for the belly; and when you ask them what effect they expect from these means they have no answer but this, 'they are very much used in the hospitals now.' Is there any reason why physicians who practiced forty years ago should not know as much of all the

above remedies as these men educated during the crusade against blood-letting? Digitalis was much used long since; forty years ago I used tincture aconite, with good effect in many cases, as did others who then practiced; and as for newer remedies, does any one suppose that such men as Dr. John Atlee, Dr. Traill Green, Professor Gross, and hosts of others—practitioners and close students—are ignorant of the reputed merits of their champion medicines.”

FUCHSINE IN CHRONIC ALBUMINURIA.—This substance, the chlorhydrate of rosaniline, has received high praise from Drs. Bouchut, Bergeron, Cloquet and Feltz, as a remedy for chronic albuminuria with œdema. This induced Dr. James Sawyer, physician to the Queen's Hospital, Birmingham, England, to give it a trial, the results of which he reports in the *London Practitioner* for Jan. 1881. He says: “In all the cases of albuminuria I have seen for the last twelve months, excepting those in which the albumen appeared merely the result of passive congestion of the kidneys, of cardiac origin, I have given fuchsine, mostly in doses of one grain thrice daily. I cannot give exact figures, but, after looking through my books, I think I may fairly state that in several and in most of my cases the albumen diminished considerably or disappeared while I was giving fuchsine. The cases, generally, I judged to be instances of chronic contracting kidney. Making due allowance for natural intermittence in albuminuria, and for other sources of fallacy, I think the fuchsine treatment has given me better results than any other treatment in renal albuminuria. Fuchsine is an analine dye, and appears to be mainly excreted with the urine. A patient taking it experiences no inconvenience from its effects. His urine becomes of a rosy color, and his feces are often tinged with the same hue. Given in mixture, the drug has the disadvantage of staining the lips and mouth; to avoid this I mostly give it in pills—one-grain doses made up with extract of gentian, to which may be added, if indicated, a little carbonate of iron or reduced iron.”

TREATMENT OF DIABETES.—In the same paper, Dr. Sawyer relates his success in the treatment of this affection, in three cases, with salicylate of soda combined with opium. He gave fifteen grains of the salicylate and seven minims of tincture of opium, three times daily, for several weeks.

No restrictions were placed upon the diet. All the patients gained in weight, although sugar could still be detected in the urine.

INGLUVIN, introduced by Messrs. Warner & Co., of Philadelphia, Dr. Sawyer has tried as a remedy in a case of obstinate vomiting of pregnancy, which had appeared one in which Copeman's operation of dilating the os uteri, would probably be demanded. The remedy was ordered in ten-grain doses, in powder sprinkled on bread immediately after meals, for cases of atonic dyspepsia and was found very useful.

This preparation is much cheaper than ordinary pepsin, and the editor of this journal has found it equally effective.

ETIOLOGY OF CANCER.—Mr. Herbert Snow has examined a large number of cases of cancer and comes to the following conclusions regarding the causation of the disease (*London Lancet*):

1. Hereditary tendency, as a predisposing cause of cancer (at all events, of mammary and uterine cancer), is almost valueless, if not entirely so, and in practical diagnosis should be altogether ignored as misleading.

2. Mechanical injuries directly produce cancer in a certain percentage of cases; but this percentage is small.

3. As direct and immediate causes of cancer (especially of uterine cancer), mental trouble and hard work are very potent agents, and exert more influence than any other antecedent within our present knowledge.—*N. Y. Med. Record*.

HYSTERIA IN A CHILD of seven years is almost unheard of, hence a case detailed by Dr. Edward T. Reichart, of Newark, N. J., in the *Medical Record*, Vol. 19, No. 7, is of unusual interest. This child came of a neurotic and rheumatic ancestry, and had suffered from persistent headache for several years. The symptoms presented simulated closely rheumatic inflammation of the knee-joint. After tentative treatment for two days, the affection was recognized. She was given valerian in full doses, and promptly recovered from all “rheumatic” symptoms within twenty-four hours. She had an attack of supposed hip-joint disease, with shortening of the affected limb to the extent of an inch and a half, two years before, from which she completely recovered. This was probably hysterical also.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - FEB., 1881.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the CLINICAL RECORD to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

For terms and address, see cover title page.

THE PROPOSED MEDICAL BILLS.

Our local medical Solons have asked the General Assembly of the State to pass certain acts which are regarded as having a tendency to protect the "dear people," rid the State of quackery and advance the interests of everybody in general and the legal graduates in particular.

The first of these bills provides for enforcing a rigid official registration of births, marriages and deaths. We are in favor of such an enactment. If properly enforced, it would afford statistics of some actual value.

The second provides for the creation of a State board of health; the members of which shall represent all the "recognized" medical sects, and which shall be invested with extraordinary powers in the event of an epidemic invading the State. It may be that we are blinded by prejudice, but we are able to see no particular beauties in such an institution. Perhaps if we had the promise of a salaried position on such a board, the scales would fall from our eyes and we should see it as full of beauties as some of our contemporaries are in the habit of viewing it. If no powers save those

properly belonging to such a board were to be conferred upon the one proposed, it is possible it would not find so many advocates.

The third bill calls for a new registration of physicians throughout the State; the exclusion of all who do not have diplomas from legally chartered medical schools in good standing or who have not already practiced in this State for ten years. Those who have not practiced for ten years and who do not possess the proper kind of a diploma are to be examined by the board and, if found qualified, to be allowed to register and practice.

We do not see any advantage whatsoever possessed by this proposed law over the one already in force. The one we have does not allow any new-comer to enter upon the practice of medicine unless he can present a good diploma to the clerk of the Circuit Court of the county in which he proposes to practice, pay his fee, and be duly registered. It appears to us that this present law gives the "dear people" all the protection they will require. If it does not exclude quacks—with or without diplomas in their possession—no other law yet proposed will do it.

If any medical legislation other than that provided in the first above-mentioned bill is to be had, by all means let us go to the root of the matter and do the work thoroughly. With this end in view we propose the following substitute for the two bills last described:

Be it enacted, etc., etc., etc.:

That from and after the passage of this bill, no diploma, from any medical university, college or school, whether located in the State of Missouri or elsewhere, shall have any force or authority whatsoever in the way of conferring the right or privilege to practice medicine, surgery, midwifery, or the treating of disease by any other known or occult methods; *Provided*, That all persons who have, before the date of the passage of this act, entered upon the practice of medicine, surgery and other branches or the healing art, shall retain all their

legal rights and privileges undisturbed by this enactment.

That from the date of the approval of this act, every person, whether he or she be, or pretend to be, a medical graduate or not, who intends to practice medicine, surgery, obstetrics, healing by magnetism, by faith, by secret remedies, by clairvoyance, or by "laying on of hands," or who assumes or pretends to treat medical, surgical or obstetrical cases in any way as a physician, surgeon or "healer" of any description whatsoever, shall appear before a State Board of Medical Examiners for examination, and if such individual shall pass a satisfactory examination before said Board, he or she shall be legally entitled to practice as a physician, and not otherwise.

This Medical Board shall consist of seven physicians, in good standing, who are not connected with any medical school, who shall have resided and practiced medicine in the State for at least ten years, none of whom shall be over sixty years of age. The members shall be appointed by the Justices of the Supreme Court of the State on recommendation of at least fifty physicians. The examiners on anatomy, physiology, chemistry, surgery and obstetrics shall be chosen from graduates of the so-called regular, scientific school of medicine; the examiner on *materia medica* shall be chosen from the so-called Eclectic or reform school of medicine, and the examiner on practice shall be chosen from the Homœopathic, or Hahnemannian school of medicine.

That any applicant for examination may express his preference for any of the above-named schools without detriment to him as a candidate.

That a fee of ten dollars shall be charged for this examination, which shall not be returned to the candidate in case he is rejected by the Board, but in case of rejection he shall be entitled to reëxamination at the end of six months or one year from the time of his rejection, should he so elect, without the payment of any additional fee. In case of a second rejection, he may again apply, on payment of a second fee of ten dollars, at the end of two years from the date of his second rejection.

The members of the Board of Examiners shall receive each a yearly salary of three thousand dollars, payable in monthly installments. The Secretary of the Board, who shall be elected by the Board from the

medical profession of the State, not included in the Board, shall receive all monies from candidates and pay the same over to the State Treasurer monthly, shall receive a salary of four thousand dollars per year, and give a good and responsible bond for the faithful discharge of his duties, in the sum of twenty thousand dollars.

A penalty of \$500 for each violation of this act, one-half to go to the informer.

We have no hope of seeing a bill like this passed by the Legislature now in session. It would give a death-blow to the mushroom colleges all over the country. Their occupation of grinding out M. Ds. would be gone. No school could hope to receive the patronage of Missouri students or those who intend to make this State a residence, except such as give good and thorough instruction in medical science.

Best of all, it would give an everlasting quietus to the pratings of those who *talk* medical reform without meaning anything by it except to advertise themselves to a too confiding public.

We wish it distinctly understood that we are in favor of no legislation that does not prevent the graduation of incompetents. No legislation that allows every man to practice who can show a diploma is of any use whatsoever. In fact, we regard any such legislation as simply and purely devised for the pecuniary benefit of the colleges—so-called.

THE STATISTICAL METHOD.

The tenth census of the United States has much to answer for. For an entire year we have been the recipient of numberless applications (official) for information on an endless variety of topics. Of these, a classified list of idiots was probably one of the most difficult to furnish the Department. However, an advertising genius in Rochester, N. Y., has been able to satisfactorily furnish the list for St. Louis, at least. Several cities are yet to be heard from.

This person caused a circular letter to be

sent out from Washington with a request that answers should be given to two questions printed upon a ready-addressed postal card sent at the same time. These questions read as follows: "In your opinion, is rheumatism caused by excess of an acid in the blood? If so, is that acid uric?" The circular letter and postal card were mailed to every physician whose name appeared in our City Directory. A certain number gave no attention to the request. They probably thought that any endorsement of a ready-made opinion, like the one suggested, would be *infra dig.*, or, at least, of no particular value. Others, actuated, perhaps, by that generous spirit that impels them to perform numberless acts of charity, good-naturedly replied in the negative or affirmative, as they happened to have an opinion on the subject. Others, perhaps, thought some remarkable scientific paper was in course of preparation, in which their names should be published to the learned world as defenders of a theory destined to outlive the monuments of Egypt. Others, perhaps, looking with longing eyes upon the spoils of the advertising quack, thought to see their names, offices, etc., published to the world, and hoped to derive some personal benefit therefrom. Very few, if any, thought their answers to these seemingly innocent queries could be tortured into an indorsement of a secret nostrum. We are persuaded that if this had even entered their minds, the President-elect of the American Medical Association, the Professors of *Materia Medica*, Gynecology, Chemistry, etc., in our best medical colleges, the most ancient and hide-bound adherents of the Code "of morals," and others great and small, would not now see their names paraded in the daily papers, with number of street given, as endorsers of the fraudulent assumptions of a patent medicine man, as they are now compelled to do every morning.

It is sad, but nevertheless true, that a long life-time spent in supporting the Code has not enabled them to avoid the snares or

the nostrum vendor. We extend to our friends in distress our heartfelt sympathy in their humiliation. It is of no use to rebel against the edict of the advertiser. The postal cards, doubtless, are still in existence, and proof can be furnished before any court, that what the advertiser states is true.

Meanwhile, there is at least one atom of consolation in this clever performance of the rascally charlatan. This is, that each one who signed to the preposterous questions in the affirmative has a good deal of gratuitous advertising, whether he wanted it or not. Of course, this is very distasteful to the champions of the Code! That "Code of morals of the reputable and cultivated gentlemen of the profession."

One lesson may be learned from this delectable performance; do not be in haste to see yourself quoted as an authority for or against any particular theory. Observance of this caution will prevent your name from appearing in any such list as this, which you are willing to declare is the proper list for the Census Bureau alluded to in the first paragraph.

HUMANITARIANISM GONE MAD.—In a recent criminal case it was alleged for the defendant that his great-grandfather had died insane; that his grandfather had been of violent and brutal disposition and had had two or three epileptiform convulsions in his old age; that his mother had been deaf in one ear, querrulous, and had threatened suicide; that her sister had been partially deaf and was quite silly in her conduct; and that one of his (the defendant's) brothers was born blind in one eye and was feeble-minded. This history was held to prove a hereditary predisposition to insanity and a bar to responsibility, although it was proved that the homicide was committed under the combined influence of jealousy and alcohol.

All of the experts for the defense testified that "a hereditary taint" of insanity

wss clearly established. One of them went so far as to state, that in case an individual with such a family history as that above given should commit a highway robbery, his responsibility before the law should not be the same as if no such ancestry could be proven. In other words, the fact of premeditation, the presence of a powerful motive (such as the hope of gain) and malice aforethought being proven ought not to weigh in the scales of justice against such a family history!

Another "expert" swore that malarial fevers, of a mild type and soon yielding to remedies, were frequent exciting causes of insanity, especially in patients having such "a hereditary taint" as that above set forth.

A third "expert" swore that the appearance of epilepsy, insanity and congenital defects of sight and hearing in a family "was the beginning of the end of that family;" that they proved a degenerated condition of the nervous system that could only be prevented from extinguishing that family by the infusion of blood from some better stock. In other words, if epileptics, imbeciles and lunatics persist in intermarrying, there is no prospect of keeping up the race, which is doubtless true. But this learned "expert" apparently intended to mislead the jury into believing that the mere fact that such nervous affections appearing once or a few times in the course of a century in a family is proof positive that every member of that family should have full indulgence for every criminal passion the individual members of it may be tempted to indulge!

The jury in the case in question, however, was composed of sensible men who did not allow themselves to be imposed upon by such fine-spun theories. In spite of this maudlin sentimentality the accused was convicted on the first ballot.

We have no comment to offer upon such a nefarious prostitution of science as is described above.

Book Notices and Reviews.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. By George Henry Fox, A. M., M. D., Clinical Professor of Dermatology, Starling Medical College, etc. Complete in 12 parts. Forty-eight colored plates taken from life. Parts 4 to 12, inclusive. New York: E. B. Treat, 757 Broadway. St. Louis: Brown & Holdoway, agents. \$2 per part, sold by subscription only.

Our readers will remember that we referred to the first three parts of this unique work in the highest terms of praise, when they reached us nearly a year since. The remaining numbers of the series are now before us, and we are pleased to be able to express our satisfaction with the work as a whole. From the fact that failure after failure had uniformly been the result in attempts to delineate the appearances presented by cutaneous affections by photography, we had good grounds for expecting little from Dr. Fox's efforts in this direction. Surprise has, therefore, been added to the satisfaction we have experienced at the pronounced success that the author has achieved in the completion of his great enterprise. Photography alone could never have accomplished the task, but, aided by the artist's hand, very gratifying success has been the result.

Part 4 contains illustrations of Leucoderma, Chromophytosis, Favus (*capitis et corporis*) and Eczema *cruris*. Those of Favus are especially noticeable for their fidelity to nature, while that of Eczema is as nearly perfect as any we have ever seen, this form of skin diseases being particularly difficult to delineate.

The fifth number is devoted to representations of Eczema, the varieties: *infantile*, *papulosum*, *pustulosum* and *squamosum* being included. Three other forms are found in the sixth part: *barbar*, *manum*, and that occurring in connection with varicose veins. These are all as nearly perfect as the resources at the command of the

artist would enable him to make them. There are almost insurmountable difficulties in the way of giving a life-like picture of eczema, in any of its forms, on paper. It would be nonsense to say that they have been entirely overcome in this series, but the verdict must be given that these illustrations are really excellent. The illustration of a varicose ulcer (Part 6) is simply perfect. That of Psoriasis *annulata* is scarcely up to the usual standard of the work. The failure to give the characteristic appearance of this affection is certainly pardonable when we remember the faults of every picture of the kind that has ever been attempted. Dr. Fox has excellent company, so far as this is concerned.

Part 7 contains faithful portraits of Lupus (*vulgaris et erythematosum*), Epithelioma (*superficiale et rodens*), and another of the lip. Having more pronounced lesions to deal with, the results of photography are better than where the more superficial changes are concerned.

Trichophytosis (*capitis et corporis*) and Lichen (*planus* [2] *et ruber*) form the subjects portrayed in the eighth number. These plates are well executed, and the first two are excellent; as to those of Lichen, we have never observed the affection, but judge the portraits are accurate from the manner in which the subjects are treated.

Part 9 contains illustrations of Kerion, a rare affection of the scalp; of the maculated or anaesthetic variety of leprosy, still more rare than the preceding; two of Molluscum *contagiosum*, very beautifully portrayed; and one of multiform Erythema. These plates are all of the highest degree of excellence.

Affections dependent upon the presence of animal parasites monopolize the tenth of the series. Phtheiriasis of the head and trunk is sufficiently common to attract general attention, especially when we know that the irritative lesions caused by vermin may be easily mistaken for something else, and consequently risk being treated as

primary affections, while the real cause may be overlooked. Scabies is very difficult to delineate, but the two illustrations here given are sufficiently characteristic. Happily, soap and water render the affection more and more rare with each succeeding year, at least, in enlightened countries. The disease to-day has nothing like the importance it had in the time of Hahnemann, who made it the basis of every "ill that flesh is heir to." The delineation of Porrigo, consequent on the irritation of pediculi, is disgustingly accurate. Whether porrigo be allowed to retain a footing in modern dermatological classification, or be dropped, is for the future to determine. Dr. Fox makes a very good plea for retaining it.

The author restricts the term Herpes to the insignificant affections of the face and lips (*H. labialis*) and prepuce (*H. progenerialis*). An excellent portrait of the former is given (Part 11), followed by one of Hydroa, which might be mistaken for pemphigus by the inexperienced. The explanatory text accompanying this plate is especially valuable for its excellent discussion of the differential diagnosis between herpes, hydroa and pemphigus. The illustration of Purpura in this part, is very good, considering the difficulties in the way of representing the affection. Erythema *circinatum et exfoliativum* furnish two fine photographs, which close this number. Those forms are rare, especially the former, and we have no experience with them, hence cannot testify as to the accuracy of the illustrations. The second, however, seems to be an excellent one,

The concluding part (12) contains a photograph of a remarkable case of cutaneous horns, one of Alopecia *areata*, not so remarkable, companion pictures of Morphea and Scleroderma—both very rare—and one of a unique case of pigmented Sarcoma. The latter is one of the best illustrations given.

After a careful examination of the series,

we are of the opinion that it is one of the most valuable contributions to the study of dermatology ever given the profession in this country. These plates will be found very useful by every teacher of cutaneous medicine, by every specialist, and by the general practitioner who is unable to send such cases to the specialist.

Two pages of explanatory text accompany each plate. The descriptions and directions for treatment given are clear and concise, besides representing the present state of our knowledge respecting the troublesome and often rebellious affections presented.

THE PROBLEM OF HUMAN LIFE: embracing the "Evolution of Sound" and "Evolution Evolved," with a review of the six great modern scientists, Darwin, Huxley, Tyndall, Hæckel, Helmholtz and Mayer. Revised edition. By A. Wilford Hall. 8vo. pp. 524. New York: Hall & Co., 26 East 9th st. 1880. From the Author.

In our issue for August, 1880, we gave a short notice of the first edition of this book. It seems, from certain letters received from the Author by the editor, that our notice was not altogether satisfactory to Mr. Hall or to certain of his followers. Dissatisfaction with adverse opinion is not at all phenomenal in the history of book reviewing. But Mr. Hall has importuned us to give the *revised* edition of his work a more thorough examination than we had time to give the first, and *insists* upon a second notice. He is especially desirous of an apology from us for calling him "a materialist." He pleads guilty to being "a substantialist," but objects to the former term. We have not the slightest objection to making the correction(?) although we still believe that, *in science*, material and substance are synonymous. Of course, we leave out of question those "substances" discussed by theologians which do not come under the hands of the scientist.

The author laments that the evolutionists are having it all their own way; that certain prominent clergymen have, in effect, admit-

ted that Darwin, Huxley & Co. are right, and that the Mosaic account of creation must be accepted as merely allegorical, and admits frankly that if something is not done to nip this dangerous heresy in the bud, as it were, that there will soon be no room in the world for orthodox theology. He confesses that ridicule of Darwinism is worse than useless, and that the facts as set forth by the so-called materialists must be made to mean something else than what is claimed for them, by a rational system of interpretation, or it is better to give up the fight at once. He then proclaims himself as champion of the ancient dogmas, in terms of studied modesty, and proceeds to throw down his gauntlet for some "scientist" to pick up.

Although he has a profound contempt for science and scientific methods, he proposes to refute science with its own weapons. His grand object is announced to be to show the utter untrustworthiness of scientific teaching on certain special points, and to argue from this that *all* the teachings of men who have devoted their lives to such studies must be, consequently, entirely fallacious and absurd.

Although Mr. Hall sets forth his claims to be accepted as the chosen champion of orthodoxy, he explicitly insists that the Westminster Confession of Faith shall be changed to suit his own peculiar notions. He does not believe, so he states, that anything was ever created out of nothing, even "in the beginning." This heresy, of course, stamps Mr. Hall as essentially unorthodox. Besides, it is apparently in direct contradiction with his pet theory of the "creation" of sound, which is as follows, omitting italics (p. 93):

"It is not the mechanical effect of the numerous short motions back and forth on the surrounding air which generates the tone of a fork or string, but it is the molecular effect of the sudden stops and starts on the atomic structure of the instrument itself, causing thereby the emission of the substantial pulses we call sound, while the

atmosphere, wood, water or iron, through which they pass is but their conducting medium—any motion of such medium, caused at the time by the vibration of the sound-producing body, being but incidental."

It is expressly stated that the "sudden stops and starts," of a string, for example, generate or cause the emission of a substance—sound. He neglects to state what it is composed of; whence it comes, and where it goes. These emissions are as vexatious as any "emissions" met with in medical practice. The "sudden stops and starts" are the essentials for producing these "substantial" emissions. Something must act as a conductor or they are not "emitted," *e. g.*, in a vacuum, however furiously the string may vibrate. We must suppose, therefore, that the "medium" in which the string vibrates is just as essential as a vibrating body. The absence of an auditory apparatus forming a part of a sentient being is also equally essential, for these "substantial" corpuscles of sound would be lost or, possibly, never "emitted" wherever there was no ear to hear them. Sound, as such, does not exist unless there be present some auditory apparatus to receive it. In the words of our author this is "a ridiculous travesty on science and fact"—"a childish hypothesis" having no basis whatsoever to rest upon.

Our author is continually accusing other people of inconsistency—in fact, this seems to be his *forte*—but is guilty of the most glaring inconsistencies from one end of his book to the other. The pet theory of sound, above quoted, is so full of them that we might fill a page with a discussion of half of them.

In one chapter he declaims against the possibility of creating anything out of nothing, even by omnipotent power, and insists that one of the accepted dogmas of all Christendom shall be changed to suit him. He writes one short chapter and then, in the next, insists that man, an insect, or the blind forces of nature are con-

tinually creating a "substance" (sound) out of nothing! The string loses nothing by "stopping or starting" hence the "substance" is no part of it. Sound is, therefore, a creation *de novo*.

There was no particular necessity for the statement by our author that his scientific education was neglected, comparatively speaking, in his early years. The fact is everywhere apparent. We cite only a few instances. Page 26, he speaks of "odor" as a substance, evidently not appreciating the fact that it is merely the olfactory sensation. On the same principle, touch must be a substance. On pages 28 and 29, magnetism is referred to as a "substance"—in fact, everywhere he asserts that every form of motion is substance. We see no chance for him to escape the conclusion that the act of a water-wheel in turning round and the translation of the planets in space are as really "substances" as "odor" and magnetism. Of course, it would be "Mother Goose nonsense" (p. 148) seriously to attempt to reason with a person having such a peculiar mental twist. Throughout the almost endless discussions of the section called "Evolution of Sound" he sets up the "man of straw" that the waves of sound are in every possible particular like those of water, and proceeds to demolish the creation of his own fancy, much to his own satisfaction. He has never been taught the difference in their physical properties between solids, liquids and gases, hence he is, perhaps, pardonable.

He demolishes the proofs furnished by the double siren of the wave nature of sound, although he has never seen or heard the instrument.

He challenges the scientists to show how the waves of sound when it is passing through iron, without ever taking into consideration the actual powers of the microscope or the eye no more than he appreciates the fact that the so-called "waves" in solids must be regarded as molecular vibrations.

tions rather than "billows," as he sneeringly terms them.

His disciples must be possessed of the liveliest imagination it is possible to conceive of, for they are bound to follow their master into all sorts of vagaries. Thus he claims that matter is infinitely divisible, and that the expansion of a body under heat or the removal of pressure is accomplished simply by a "swelling of its atoms." As the atoms are infinitely divisible he teaches—and, we presume, insists upon his followers believing—that each division of matter is capable of "swelling" so as to fill the entire universe.

His positions in the second part—Evolution Evolved—are equally nonsensical and untenable.

The book is a curious psychological study. We shall watch the progress of its author with much interest. We shall be surprised at nothing he may undertake—even should his extravagancies land him in "a hospital for persons deprived of the use of their reason."

HOW TO USE THE FORCEPS, with an introductory account of the Female Pelvis, and of the Mechanism of Delivery. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College. Illustrated. New York: E. B. Treat, 757 Broadway. 12mo. Cloth, \$1 50.

It is a very easy thing to write a book, but to be able to write one full of instruction, on a subject of great interest, is quite a difficult thing. Prof. Landis has certainly done both. It is usual, in reviewing a book, to give the chief good, or bad points, but as there are no bad ones in this, and too many good ones to mention them all, we shall simply copy the Author's introduction, which will better indicate the contents than we could do by selecting parts here and there:

"The right use of the obstetrical forceps demands a thorough knowledge of four things: First, of the instrument itself, its form, design and capabilities; second, of

the place into which it is to be introduced, viz: the maternal passages, their form, direction and mutual relations; third, of the body upon which they are to be applied, viz: the child's head, its form, consistence, and tolerance of manipulation; fourth, of the normal mechanism of labor, or the manner in which the child should be delivered by natural powers, for the forceps are not a foreign and unnatural resort, like the Cæsarean section, but are intended to assist, supplement and conform to the course naturally observed in labor. The great diversity in the shape and design of forceps now in use, and the vague and conflicting opinions as to the manner of their employment, are a sufficient evidence that an exact and scientific basis has not yet been reached or, if known at all, that it has not been well and generally understood. A study of the mechanism of labor *de novo*, will be, then, the first requisite for a proper understanding of any artificial aid intended to assist or replace that mechanism. I shall take for granted a preliminary acquaintance with the superficial anatomy of the pelvic bones."

The objects mentioned in the introduction are fully carried out in the chapters following, and this little book should be found in every medical man's library.

A. S. B.

MEDICAL HERESIES: Historically Considered. A Series of Critical Essays on the Origin and Evolution of Sectarian Medicine, embracing a special Sketch and Review of Homœopathy, past and present. By Gonzalvo C. Smythe, A. M., M. D., Prof. of Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis, etc. 12mo. pp. 228. Philadelphia: Presley Blakiston, 1012 Walnut st. 1880. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$2.

Dr. Smythe has written a very readable and fairly accurate history of medical delusions. He devotes a large part of his time and strength to a refutation of Homœopathy. Very little is said of the Eclectics, and this little refers to the ancient school bearing this name. No mention is made of "clairvoyant and magnetic healers" of the present day. Although incomplete as a history of "medical heresies," it will prob-

ably serve to amuse and instruct those who know little about Hahnemann's dogmas. The book is presented in excellent style by the publisher.

COMPENDIUM OF MICROSCOPICAL TECHNOLOGY. A guide to Physicians and Students in the Use of Microscopy and in the Preparation of Histological and Pathological Specimens, By Carl Seiler, M. D. 8vo. pp. 130. Cloth, \$1. Philadelphia: D. G. Brinton, 115 South 7th st. 1881.

In his preface the author tells us this work is intended as a guide to beginners in the study of microscopy, and in this field he has succeeded admirably, and supplied a book long needed by beginners. In all other works we have seen the so-called *first* lessons have been much in advance of the student and, therefore, more or less useless. But in Dr. S.'s little book these objections are not found.

The instructions given are clear and simple, and convey the author's ideas in a forcible manner. In short, the book is a good one, and we cheerfully commend it to beginners in microscopy. W. G. M.

DIFFERENTIAL DIAGNOSIS: A Manual of the Comparative Semeiology of the More Important Diseases. By F. de Havalland Hall, M. D., Ass't Physician to the Westminster Hospital, London. Second American Edition. Extensive Additions. Edited by Frank Woodbury, M. D., Physician to the German Hospital, Philadelphia. 8vo. pp. 223. Cloth, \$2. Philadelphia: D. G. Brinton, 115 South 7th st., 1881.

Several months since we gave this work a good word as presenting the *early* and *distinctive* features of common morbid affections in a very clear and accessible way. This second edition has been thoroughly revised by Dr. Woodbury, who has improved it in many respects. The practitioner of limited experience will find it extremely useful.

We must say that it would have been in better taste to have left Dr. de Havalland Hall's name off the title page and back of

the book. The portions relating to diseases of the larynx, heart and lungs are those only for which this author should be responsible. The work is *not* Hall's, although he contributes the most excellent chapters it contains.

LITERARY NOTES:—

THE *North American Review* for February contains a very interesting article upon the Nicaragua Canal, by Ex-President U. S. Grant, an excellent and thoughtful paper by Dr. O. W. Holmes, on the Pulpit and the Pew—written in his own charming style; an intensely radical contribution to current politics, by Judge Tourgee, of Chicago, entitled *Aaron's Rod in Politics*; a suggestive paper, by Jas. Freeman Clarke, exposing the fallacies of our Judge Holmes' Shakespearean vagaries, entitled "Did Shakespeare Write Bacon's Works?" a political paper we have not had time to study on Partisanship in the Supreme Court, by Senator Jno. T. Morgan; a continuation of M. Charnay's intensely interesting letters describing the ruins of Central America; and a characteristic production by the "good gray poet," Walt Whitman, on the *Poetry of the Future*.

It will be seen that this February number is of great and unusual interest, and alone is worth a year's subscription. D. Appleton & Co., New York, are the publishers; \$5 per annum, 50 cts. a single copy.

THE *Popular Science Monthly* for February contains fourteen papers, mostly of great interest, besides the editorial departments, which are always excellent. Herbert Spencer continues his papers on sociology, the one in this number being devoted to Political Differentiation. An article on Physical Education (Diet), by Dr. F. L. Oswald, is more remarkable for its nonsense than for anything else. A very curious paper on the Evolution of the Chemical Elements, by Lester F. Ward, will attract the attention of all interested in chemistry, that most positive and yet

most mystic of sciences. The whimsical account of the late meeting at Lisbon, of the International Congress of Prehistoric Anthropology and Archæology, under the title of Prehistoric Science *en Fête*, is most excellent reading.

This journal cannot be too highly commended. D. Appleton & Co., N. Y., publishers; subscription, \$5 00 per annum; 50 cents a single number.

WALSH'S RETROSPECT, a handsome quarterly compendium of American medicine and surgery, has opened its second volume greatly improved in appearance and contents. An original department, containing communications, editorials and reviews, has been added. The editor, Dr. Ralph Walsh, has a good paper in the January number advocating the examination of students for the degree of M. D. by a corps of examiners independent of the faculty of the college. This, as we have stated long ago, is one of the means that must be adopted eventually if anything is to be done to advance the cause of the higher medical education. The terms of the *Retrospect* are \$2 50 per annum. Address the editor at 332 C street, Washington, D. C.

DR. D. G. BRINTON, 115 S. 7th street, Philadelphia, announces for publication on March 1st, "The Principles and Methods of Therapeutics," by Dr. Alphonse Gubler, of Paris. This translation will be a valuable one for the American student, for Prof. Gubler was one of the most distinguished exponents of scientific therapeutics that the present period has produced. A student of the illustrious Trousseau, a comparison of his work with that of his master shows how great has been the advance of modern therapeutics within the short period of a score of years. We anticipate much pleasure and profit from the perusal of this very valuable work.

THE *Archives of Dermatology* begins its seventh volume enlarged and greatly improved in appearance. Dr. Bulkley con-

tinues in the editorial chair and Messrs. G. P. Putnam's Sons have resumed its publication. It is now the only scientific journal published in the English language devoted exclusively to skin and venereal diseases, and is useful to every practitioner.

THE *Southern Medical Reformer*, devoted to sanative medicine, Dr. S. F. Salter, editor, reaches us from Atlanta, Ga. Subscription, 50 cents per annum. This seems to be a sort of "go-as-you-please" publication, compounded of Thomsonianism, Eclecticism and other "reforms" in medicine, with a good deal of Dr. Salter to give the proper flavor.

THE *Pittsburgh Medical Journal*, a monthly devoted to medicine and surgery, Dr. R. C. Gallagher, editor and proprietor, assisted by an able corps of contributors, is the latest venture in the field of "regular" journalism. The third number has reached us and is very creditable to the physicians of the murky city. Subscription \$2 per annum.

THE *Mississippi Valley Medical Monthly* is the title of Dr. J. J. Jones' lively and enterprising *Arkansas Medical Monthly*, since its removal to Memphis, Tenn. We wish it good fortune in its new home under its new cognomen.

BOOKS & PAMPHLETS RECEIVED.

A MANUAL FOR THE PRACTICE OF SURGERY. By Thomas Bryant, F. R. C. S., Surgeon to and Lecturer on Surgery at Guy's Hospital; memb. correspond. de la Société de Chirurgie de Paris. Third American, from the third revised and enlarged English edition. Edited and enlarged for the American student and practitioner, by John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, etc. Large 8vo, pp. 1005, with 735 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Prt'g Co. Cloth, \$6 50; leather, \$7 50; half-Russia, \$8.

AN INDEX OF COMPARATIVE THERAPEUTICS, with Tables of Differential Diagnosis, a Pronouncing Dose-List in the Genitive Case, a List of Medicines used in Homœopathic Practice, Memoranda Concerning Clinical Thermometry, Incompatibility of Medicines, Ethics, Obstetrics, Poisons, Anæsthetics, Fees, Asphyxia, Urinary Examinations, Homœopathic Pharmacology and Nomenclature, etc. By Samuel O. L. Potter, M. D., President of the Milwaukee Academy of Medicine, etc. 12mo. pp. 280. Chicago: Duncan Brothers. 1880. Cloth, \$2; flexible morocco tucks, \$2 50.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE; designed for the use of Practitioners and Students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, etc. Fifth edition, revised and largely re-written. 8vo. pp. 1150. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$5 50; leather, \$6 50; half-Russia, \$7.

AN ELEMENTARY TREATISE ON PRACTICAL CHEMISTRY, and Qualitative Inorganic Analysis. Specially adapted for use in Laboratories of Colleges and Schools, and by Beginners. By Frank Clowes, D. Sc., Lond., Fellow of the Chemical Societies of London and Berlin, etc. From the third English edition. 12mo. pp. 372, with illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$2 50.

DRAINAGE FOR HEALTH, or Easy Lessons in Sanitary Science. By Joseph Wilson, M. D., Medical Director U. S. Navy. 8vo. pp. 68, illustrated. Philadelphia: Presley Blakiston, 1012 Walnut street. 1881. St. Louis: H. R. Hildreth Pr'tg Co. Cloth, \$1.

Miscellaneous Notes.

BORACIC ACID.—This is being much used now as an antiseptic and anti-blenorrhagic. In profuse purulent conjunctivitis, the instillation of a saturated solution will often give brilliant results. It has also been employed in gonorrhœa as well as in otitis.

The solubility of boracic acid is as follows: In cold water, 19 grains to the ounce; in hot water, 80 grains (only 23 grains remain in solution upon cooling); in hot glycerine three drachms can be dissolved, the whole remaining in solution upon cooling. For use in blennorrhœa of the conjunctiva, the solution in water is strong enough.—*Am. Specialist*.

DYSMENORRHOEA.—(Philadelphia *Medical Times*) Salicylate of sodium is recommended in dysmenorrhœa of purely nervous origin, and also in gouty or rheumatic dysmenorrhœa. It is less efficient in other forms, but is, however, useful in these also.

BUTTERMILK is highly recommended by Hildesheim (Berlin *Clinical Weekly*, No. 38, 1880), in febrile affections. It reduces the temperature and supplies waste.—*International Jour. of Med. and Surg.*

Home News.

THE St. Louis Medical Society elected the following named gentlemen to the offices specified: President, Dr. H. H. Mudd; Vice-President, Dr. R. S. Anderson; Treasurer, Dr. W. E. Fischel; Recording Secretary, Dr. A. H. Ohmann-Dumesnil; Corresponding Secretary, Dr. M. H. Post.

CITY HOSPITAL.—One of the results of taking away from the Superintendent of this important institution the power to appoint and dismiss his assistants has been, the preferring of charges against the chief medical officer and an attempt to remove him. We have no doubt that the Superintendent will have no difficulty in clearing himself from all blame. He has proved himself the best executive officer ever in charge of the hospital and deserves the support of every citizen. We trust one of the effects of this investigation will be to give him full powers over his medical household. Any other course will be full of danger to the efficient administration of this very important charity.

ST. LOUIS CLINICAL RECORD.

A Thoroughly Independent Medical Journal.

VOL. VII.

ST. LOUIS, MARCH, 1881.

NO. 12.

Original Communications.

*FAILURE OF VACCINATION.

Variolous Infection an Illusion; Vaccination an Injury to Health and a Danger to Life, and as a Protection Against Small-Pox, a Vanity.

BY CARL SPINZIG, M. D.

PROGNOSTICATION:—"Small-pox is eradicated!"—*Aug. Friedr. Hecker, 1809(?)*.

EXPERIENCE:—"Ars medendi non nisi tardo pede progreditur."—*Heinrich Rohlf, 1879.*

(CONTINUED FROM LAST MONTH.)

Now these substances of disintegration, if applied in a diluted form (attenuation), namely, by vaccination, it is asserted, in favor of vaccination, will "protect" against an influence of which the "specific" nature and mode of action is, in harmony with the specific infection theory, also a supposition, and if the hypothetical "specific" *materies morbi* of small-pox would thereby not be counteracted, a modifying effect would, at any rate, be the result. Pursuant to these suppositions, it is therefore suggested that two like processes can not transpire simultaneously in our systems.

It is surprising, as this doctrine is quite identical with the nosological views of Hahnemann and the actions of his therapeutics, that it could be (and is yet) endorsed by the "regular" profession. Moreover, as it is thereby admitted that homogenous substances (humanized vaccine and variola

lymph or pus) exercise a specific protection for a number of years* (*similia similibus*).

But, remembering that the etiology of small-pox rests primarily in the prevalence of physical influences, which cause a uræmic patho-chemical reaction in our organism, and that urea reacts on the blood analogous to septic matter—in case of its absence, or if not exceeding the normal proportion—the general effects of vaccination, either from injecting minimum quantities of septic matter into the blood current or introducing it in the usual way under the epidermis by the operation designated vaccination, and thus producing a slight septic poisoning, would not survive the ordinary course of morphological rotation.

Admitting, for the sake of argument, that by such septic poisoning the "susceptibility" to small-pox would be suspended (*i. e.*, for the time being), its reaction on the blood, however, would in a very short period (within three or four weeks)

* In this connection it is important to be aware that in the human organism (at least) nothing is at rest, "dormant" or "latent," there is a continual progression (constructive metamorphosis) and regression (regressive metamorphosis) in all its elements and tissues. According to Mole schott, man has, on an average, about 24 pounds of blood, and the oxygen which is taken up in four to five days, by means of respiration, would be sufficient to oxidize all carbon and hydrogen of those 24 pounds of blood into carbonic acid and water, hence, the blood, being about one-fifth part of a grown person, if it were consumed (metamorphosed) within five days the entire body ought to be transformed in five times five (25) days. Artificially colored blood corpuscles of the sheep, introduced in large quantities into the circulation of a frog, disappeared on the seventeenth day entirely. Compare Dr. H. Rohlf, *Deutsches Archiv. fuer Geschichte der Medicin etc.*, Band I, Heft 1; pp. 120-121.

* Read before the St. Louis Medical Society, January 15, 1881.

be completely overcome, unless structural changes of other vital organs had followed. Thus the "protection," even if it be admitted, would be but ephemeral. But on the contrary, is the system in such condition that an already uremic reaction may have matured, and its grave effects are ignited by access of septic matter from vaccination, either, as frequently is the case, a general and grave variolous eruption follows, or a septic decomposition of the blood, ending in the death of the patient.

Whenever vaccination remains a mere local irritation, which is fortunate to those vaccinated, its effects are cast off again without having affected the constitution. No general impression is made, as no absorption has taken place beyond the local sphere of the gangrenous inflammation. But when constitutional symptoms follow, septic inflammatory fever and deranged functions of the organs of secretion, in consequence of ensuing structural alterations, the danger is imminent that pulmonary tubercular deposits will also take place, from the morbid products which are not cast off by the cuticular local sores and are circulating through the system. They become in part arrested in the pulmonary capillaries, leading there to the formation of thrombi or embolisms, and finally, in consequence of chronic inflammatory irritation, to tubercular nodules.*

These facts are verified directly by experiments in the physiological laboratory, by clinical observation, and by occasional deaths from vaccination.†

The maximum of tubercular mortality is

* Compare Virchow, Cell Pathol., 4th Edition, pp. 261 and 245. Hueter Klin. Vortraege, No. 49, p. 283. Gerhardt, *ibid.*, No. 91. Cless, Impfung und Pocken, pp. 10 and 11.

† Statistical data of the injuries from vaccination have mostly, everywhere, been excluded from the records; but since the agitation against vaccination has become universal, at Berlin the facts could no longer be suppressed, that vaccination is followed by injurious results. Professor Finkelnburg, member of the German "Reichs Gesundheitsamt" (National Board of Health), had to acknowledge, lately, as stated by Dr. H. Rohlf, l. c., p. 127, that twenty-five officially confirmed cases were brought to notice. On this continent,

found recorded for all localities where vaccination is performed in the extreme, and the minimum where vaccination is also observed in a minimum degree, or is omitted.*

To facilitate a comparison on these pre-eminently important facts, the following list of localities, representing in the first column those of the maximum, and in the second those of the minimum, is here reproduced:

†Vienna,	Algiers,
Berlin,	Braunschweig, (city)
Geneva,	France, (in cities)
London,	Genoa,
New York,	Naples,
Philadelphia,	Rome,
St. Louis,	Turin,
New Orleans,	Venice,
Richmond, Va.,	St. Helena,
Baltimore,	Ireland.
Cincinnati.	

Since the nature of variola and the etiology of this dire malady is no longer a mystery, the causes demonstrable upon which an epidemic occurrence is dependent, and the *modus operandi* determining the vesicular eruption is understood, the phantom "infection" has lost its significance; also the presumed value of the hitherto employed prophylactic, vaccination. And, if statistics had been computed correctly, vaccination, at the present day, would be doomed to oblivion. Reliable statistics, long ago, have proved it to be utterly futile, which, naturally, could not be otherwise.

But as vaccination is a convenient meas-

in San Francisco, Cal.; quite recently, a boy, age thirteen years, died from the effects of vaccination. The points of vaccination had become a large sloughing sore, from which absorption of putrid matter had taken place. The patient was greatly emaciated, and died with symptoms of convulsion complicated with trismus. The lymph employed was obtained from the San Francisco Health Department.—*Amerika*, St. Louis, Mo., Dec. 15, '80.

† Extreme heights; such as 15,000 feet altitude in the Andes, where pulmonary tuberculosis is said not to prevail (Muehry, Lombard), are here not considered.

‡ In the year 1877, at Vienna, four hundred more died of pulmonary tuberculosis than in the year previous, an increase of eight per cent. (*Vide* "Jahresbericht;" etc., 1877, pp. 176-77).

ure for tyrannical police regulation, and simultaneously offers many opportunities for pecuniary aims (in England \$1,500,000 are annually expended for it), a clamorous adherence for its maintenance is manifested by those who are interested, and utterances: "We have reduced even small-pox to human control."* are purposely ventured and circulated. Faulty statistics are therefore submitted by the "authorities."

However, vaccination had to be acknowledged as without scientific basis, and its practice to be simply an empiricism, by the most faithful believers in it. It is therefore evident, as there are only *statistical* data to be appealed to in its behalf, and which prove to be inadmissible as evidence, as they record mere convenient incidentalities, the claimed "protective power" of vaccination against small-pox is fictitious—nay, it is a vanity! Is it not, then, humiliating, that after the proclamation: "even small-pox is brought under human control" by vaccination and revaccination, to see devastating epidemics of small-pox returning, befalling the vaccinated, revaccinated, and those who in addition had survived one or more attacks of variola? Thus proving such assertions gratuitous gossip.

In the agony of the contradicting evidence which exhibits more than a two-third plurality of the "protected" to take small-pox and frequently ending with grave mortality, some source of "importation" is sophistically then traced up, but from which "infection" is said to be spreading, owing, as the excuse is added, to having been taken by surprise. At first one or more "unprotected" are said to be affected, but subsequently (wonderful philosophy!) others are found "infected" that have been vaccinated and revaccinated frequently and "successfully" so as to be entirely "protected."

* Compare Plumbers and Sanitary Engineer, N. Y., March 1. 1880, page 127. Further, Becker, Handbuch der Vaccinationslehre, p. 118, where is enigmatically stated: "Der Mensch hatte das Pockencontagium sich dienstbar gemacht, es gewissermassen gezaehmt."

Relief is then sought in asserting, and with an air of indifference, that small-pox was imported to Berlin, Prussia, in 1871, by the French prisoners of war,* the official "sworn enemies,"† and being thereby disseminated. At Vienna, in 1872, it was suggested, in a similar mood, that the wave of small-pox infection came from Prussia *via* Bohemia.‡

But here, it must be asked, how and by whom was London, in England, "infected," and how Philadelphia and other cities of the United States, in 1871, as there was no "sworn enemy" to these nations, and vaccination with all its variations had equally or decidedly failed in its claimed "protection." Were they also taken by surprise?

Small-pox epidemics come and go. Their reaction of intensity and periods of intermission prove, for the past centuries, to have been of no less nor greater dimensions than during recent periods (i. e., since the introduction of vaccination). Hundreds of years ago, to be sure, when vaccination was unknown, the records of Iceland show that several decades have elapsed in succession, and the island was free from small-pox; so also, immediately prior and subsequent to the introduction of vaccination. The facts here mentioned may be more fully expressed by the details of the following tables:

SMALL-POX EPIDEMICS IN ICELAND. |

1347	great epidemic.
1380	do do
1430	8,000 deaths.
1511	great epidemic.
1555	do do

* Compare statement of Dr. Albert Guttstadt in Zeitschrift des statistischen Bureaus, 1878.

† Dr. officielle Erbfeind. Compare Carl Vogt, Die Wanderung der Thiere, Westermann's Monatshefte, Band 47, page 49, etc.

‡ Compare Jahresbericht des Wiener Stadtfysikates, 1877, page 62.

|| Compare Anti-Vaccination Publications, German edition, Hanover, 1880. It may be remembered that the climate of Iceland is hibernal and extreme. Infantile mortality is so great that not more than one-half of the children attain the age of fourteen years, hence small-pox is frequent and grave.—Letters of Bayard Taylor.

and proletary, or the class of the unvaccinated.

The validity of these statistics in proof of the mitigating effect of vaccination over small-pox mortality must even be rejected, as its basis is proved faulty.

In London, 7,876 deaths from small-pox occurred in the year 1871, notwithstanding the compulsory vaccination law is in force in England since 1854, and is executed with an unparalleled cruelty and tyranny.* There an individual is punished for one and the same offense (omitting vaccination) to an unlimited extent, until the provisions of the law are complied with. In England there is no possibility of escaping vaccination, and, in addition, the multitude is there grossly terrified about the danger of taking small-pox by neglect of vaccination and frequent revaccination. Officially, it is unhesitatingly asserted, that those vaccinated are "protected."†

But as England, in 1871, and the United States, had no "official sworn enemy" to whom the "importation of the poison of infection" could be attributed, yet, in both countries (London and Philadelphia as representative cities), in defiance of the "protection" of vaccination, small-pox originated and prevailed with an unsurpassed degree of intensity.

At Vienna, Austria, in 1877, an epidemic of small-pox prevailed, numbering in the ten districts of that city, 1,749 cases and 564 deaths, as we have already seen, but as there was, on this occasion, no opportunity to charge this occurrence to an "importation," in subservience to the *alma mater*, it is stated, that it was one of the subsequent

* Mr. William Tebb, of London, prosecuted twelve times for refusing to have his children vaccinated, stated before the American Anti-Vaccination League, that in England 80 per cent. of small-pox mortality was from vaccinated cases.—*Vaccination Inquirer*, Nov. 1879, p. 119.

† See Baume's Vaccination Act, p. ix. It may here be proper to remind pretension of the words of Prof. Freyer, when he says: "Das nie irgend Einer und sei er der Edelste und Grösste, ungeachtet die Wissenschaft irgendwo durch einen Machtspruch zuverbaricadiren versucht hat."—*Ursache des Schlafes*, p. 27.

epidemics of which the "germs of infection" had remained over in several of the districts from 1872,* and again vaccination and revaccination had been urged, as also performed, most assiduously. But no better illustration could be adduced in proof of the signal failure of the "protective power" of vaccination against small-pox, than the reproduction of the statistical data contained in the annual report of the "Stadtphysikat" of Vienna for 1877, p. 45. There it is stated that 14,195 primary vaccinations had been performed, and 1,022 revaccinations. The number of primary vaccinations exceeded that of the year previous (1875) by 4,368.

Now in special reference to the *fifth district*, which is classified as the least cared for, but it is reported that 1,457 primary vaccinations were there performed, against 784 the year previous, inducing to the self-congratulation: "the spreading of small-pox was thus most energetically counteracted,"† and then comparing the lists of small-pox morbidity and mortality, the surprising—nay, alarming—facts are discovered that this district suffered second highest as to the number of cases, and unparalleled in the rate of mortality—96.2 per cent.

These records of Vienna also corroborate the great truths that small-pox morbidity and mortality can not be affected by vac-

* Jahresbericht oct. 1877, page 62. These misrepresentations find their analogy in the explanation of the reoccurrence of yellow fever at Memphis, in 1879, by the national health authorities. By them it was also asserted that the "germs of infection" had remained over from the epidemic of the year previous. Also by the report of the "Scientific Commission" (Deputation), appointed for the purpose, to state that "vaccination protected and never injured," to afford a basis for passing the compulsory vaccination law of the German Empire.

† The importance of the subject will justify the reproduction of the whole sentence in the original tongue: "Es ist aber durch diesen Aufschwung in der öffentlichen Impfung gerade in den von den ärmsten Bewohnern die Wahlthat des Blatterschutzes von den Sanitätsorganen sozusagen entgegengebracht und dadurch der Blatternverbreitung in den verwahrlosten und am dichtesten bewohnten Staetten energisch entgegengearbeitet worden." P. 48. Also compare pp. 45, 114, 116.

cination, but that they are on a parallel—even proportionately—with poverty and ignorance, in comparison to where comfort of life and a higher rate of intelligence are enjoyed. These facts precisely correspond with those already indicated above, of Philadelphia and Berlin, and demonstrate the fallacy of indiscriminate statistical data which are based only on the performance or omission of vaccination. The observance of vaccination and revaccination is a matter of incidentality, as the wealthier and better educated class does not omit it mainly from fear, as we know, and the class of the proletary and uneducated neglect it from want of means and from indifference. But the following table affords the proof that vaccination is devoid even of a shadow of prophylactic influence against small-pox, and by the data of the fifth district, where the “protective influence” of vaccination was with the greatest assiduity “brought to those in need of protection,” the fact of the most untoward results is demonstrated.

Morbidity and mortality of small-pox at Vienna in 1877 of all the districts:

	Morbidity.	Mortality.
First District.....	39	4
Second District.....	290	56
Third District.....	356	70
Fourth District.....	163	35
Fifth District.....	292	281
Sixth District.....	160	41
Seventh District.....	191	32
Eighth District.....	79	18
Ninth District.....	71	14
Tenth District.....	88	18
Totals.....	1,749	564

Now, in conclusion, in view of the pathological action of variola, and the danger and utter futility of vaccination, above abundantly set forth, must not, then, its claimed “protection” against small-pox be regarded as a vanity, and its continued practice a crime?

St. Louis, 1302 S. Fifth street.

MODERN MEDICINE AND MEDICAL PRACTICE.

BY R. A. ARMISTEAD, M. D.

I propose to offer a few thoughts upon the subject of medicine and its practice as presented to us in this marvelous age of invention and transcendent progress and civilization, and I wish it distinctly understood that I do not design what I shall say as an attack upon the learned profession, but, on the contrary, I simply wish to present my views in the form of an exposé of what I conceive to be *evil practice legalized*. If I did not believe there was truth in medicine I certainly would not practice it, and yet candor compels me to say that I think truth and error are so equally blended that the world would be nearly as well off without doctors as with them. Where there is one physician who cures his patients, two may be found who kill theirs, consequently, if there were no practitioners, some who now get well would die, and others who die would get well, and the percentage of fatal cases would be no greater than now. This is a sad commentary on the practice of medicine, but it is my honest conviction, and I think the subject should be gravely discussed instead of being covered up under a morbid professional courtesy whilst hecatombs are daily sacrificed upon the altars of ignorance and a multiplicity of false theories.

Medicine should repose upon facts, the offspring of experience, and not upon theories, as is so much the case now.

Is medicine a science? This is an important question, and should have been settled long ago, but like everything relative to medicine, remains in dispute. A science always proves itself and leaves no room for dispute; then medicine can not be called a science because it has not within its whole domain an undisputed truth or principle. Medicine stands related to the

sciences, but, *per se*, must take its place with the arts.

Medicine, as presented to us to-day, is nothing but a bundle of theories as diverse as the leaves of the forest, and as diametrically opposed to each other as the poles. It is nothing but a strange conglomerate of truth and falsehood so intimately blended that there seems to be no prospect of ever unraveling it. The only guide a physician has is his experience. Should he be a close observer and a good reasoner he will become a successful practitioner, but should he, unfortunately, embrace a theory, he will only become a patron of the undertaker and grave-digger.

In a legal point of view, it is becoming more and more difficult every year to tell what mal-practice is, because in the regular profession (which has set itself up as the standard in such cases) may be found a precedent for the most absurd and destructive practice as well as the most contradictory, outraging both reason and common sense. Allopathic "medicine" may be compared to an army with an independent commander for each brigade, which, of course, would fall an easy prey to a well-disciplined enemy, which accounts for the increase of the irregulars all over the country.

Homœopathy has its *shibboleth*, and, indeed, all other *pathies*, but the only rallying cry of "Allopathy" is "*quack, quack, down with quackery*," and yet, if there is any remedy which it does not advocate for the same disease, from water of all temperatures up to alcohol; and from starvation to the cramming with food, I can not call it to mind.

Is the divine art of medicine, then, advancing? I answer, it is ever advancing or retreating, and, of course, eternally on the march. The misfortune is, that it never stops, either in its advances or retreats, until it makes itself ridiculous. The medical art has advanced in physical diagnosis to such a degree that it has become a great deal more respectable and fashionable to

permit the symptoms of a disease to proceed in their regular order that they may be traced from their incipency to the fatal termination, than to cut the disease short and cure the patient. The physician who can trace from day to day the symptoms in pleuritis and tell with precision when and where effusion has taken place, then verify his diagnosis with his trocar and let his patient die, is much more popular than he who not only locates the disease but promptly arrests the inflammation before it terminates in effusion and saves his patient. The *morbidly* scientific physician may diagnose his patients to death by his long and too frequent examinations, but it makes no sort of difference, he will still be looked upon as a most wonderful man in his profession. And why should it matter if his patients die, so he can tell what kills them, and illustrate beyond a doubt that death commenced in the head or in the lungs, heart, stomach or, perchance, in the intestinal canal.

I once had a very sick fever patient over whom a consultation was held. I had taken accurate note of the pulse rate and temperature before the doctor arrived, and was prepared to witness the effects of his examination, which lasted about half an hour. After he was through I found the pulse had gone up from ninety-eight to one hundred and twelve, and of course there was a corresponding increase of heat. In this case the patient's safety was jeopardized by the protracted examination, which developed nothing new and was unnecessary. And thus diagnosis, which is of the utmost importance and indispensable, is being converted into a grave evil in the hands of such physicians. The great bane of the profession is, its continual tendency to run into extremes. Like the pendulum of a clock, it must vibrate forever between Scylla and Charybdis, there seems to be no middle ground upon which to rest. But the most wonderful summersault that has ever been performed in the practice of medicine since

the days of Hippocrates has taken place in the department of therapeutics. It consists in the complete substitution of the stimulating plan of treatment for the antiphlogistic. Stimulants have entirely superseded depleting and cooling remedies even in the most violent fevers and inflammations. They answer equally well to bring down or raise the pulse or temperature. And thus the practice of medicine has at last been reduced to its lowest denomination, and its functions may be performed as well by a man without brains as by one with brains, as all he has to do is to give plenty of quinine and whisky, and be sure to stuff his patient with some kind of food regardless of the condition of the stomach. There is no possible chance for the doctor to make a mistake unless he gives too little.

To illustrate this practice I will relate two cases. The first was one of typhoid fever to which I was called about the seventh day of her illness. I arrived at 9 A. M. after the attending physician had made his morning visit. I found the patient with a pulse so rapid that it could not be counted, intense heat and delirium prevailed. She was taking five grains of quinine every three or four hours and drinking brandy and milk *ad libitum*, and being thirsty she took it freely, but fortunately she would vomit every thirty or forty minutes. I was told by the nurse that she had not slept for five days and nights. Feeling confident that something would have to be done speedily or death would be the consequence, I ordered the brandy, milk and quinine discontinued, but gave her nothing until she had thrown up all the milk, which was in large cheesy lumps that would have required the stomach of an ostrich to digest. In the mean time I had the entire body sponged frequently with warm water, which had a most soothing effect and reduced the heat. As soon as the stomach became quiet I gave three drops of Norwood's tincture of veratrum viride, which produced slight nausea

but no vomiting; the dose was then reduced to two drops every three hours, which produced excellent results. At night when the doctor returned the pulse could be counted and was a hundred and thirty. I had substituted beef tea for the milk and only gave a tablespoonful every two hours. At night we gave a dose of Dover's powder which produced several hours' sleep. The next morning the pulse was a hundred and twenty and the heat still farther reduced. Two grains of quinidia were now given every two hours instead of quinine, which had produced almost total deafness, and in two days the hearing was entirely restored and the pulse reduced to ninety-five. No more brandy or whisky was given until approaching convalescence when the perspiration became profuse. During convalescence she drank pure crab-apple cider with great relish and the best effect. I wish I could always get it for such patients. This patient made a rapid recovery, and I shall ever believe she was saved by the radical change of treatment.

The second case was a young man who had been sick at least two weeks. I found him taking large doses of quinine and whisky and as drunk as Bacchus. By making a short temperance speech I prevailed on the attending physician to "taper him off" and sober the poor fellow, which was done, and he recovered in due time. I asked the doctor what he most relied upon to reduce fever? He replied, whisky and quinine. Then, said I, in the event you wish to raise the pulse, what do you give? Whisky and quinine, of course, said he. If such practice is not a complete burlesque on the profession of medicine I can not divine what would be, for, to my mind, it makes it look perfectly ridiculous.

That alcohol is a good medicine none can deny, but it is like a great many potent remedies, capable of doing immense mischief if improperly used. That it is now being terribly abused as a medicine I have not the slightest doubt, and as a remedy in

the hands of physicians I believe it has killed more patients within the last seven years than were destroyed by blood-letting during the zenith of its glory and the long time it was so fearfully abused.

The great objection urged against bleeding is, that it impoverishes the blood by diminishing the red globules and thereby induces anæmia. It is indeed strange that such an objection should be urged by any well-informed physician, when the battle fields and hundreds of puerperal cases prove its entire safety, by demonstrating how readily the system, under proper treatment, generates new blood after the most profuse and exhausting hemorrhages. Bloodletting is the most powerful promoter of absorption known to the profession, and it is upon this principle that it gives such signal relief in local congestions and inflammations.

Whilst the whisky doctors are so terribly afraid of bleeding, they are offering up hecatombs of victims on the altar of their fire god, alcohol. According to this stimulating theory we have no further use for the many and learned volumes written on *materia medica* and therapeutics, since by one grand retrograde movement it has reduced the whole thing down to whisky and quinine and rendered it possible for an individual with hardly three ideas above an oyster to practice medicine. It is high time the profession should cease its railings against quackery and mal-practice, and it should cease to be a wonder that irregular medicine "flourishes like a green bay tree." For my part, were I reduced to the alternative of choosing between them, I would prefer the steam doctor, because his *therapia* embraces at least four remedies, to wit: lobelia, composition tea, cayenne and steam, each good in its place. I would prefer the Homœopathist, because there would be no danger of his killing me, and he would at least give Dame Nature a chance to try her canny hand. The Episcopal church should add the following item

to its profoundly solemn Litany: "From the evils of alcohol and whisky doctors, good Lord deliver us." For if ever a special Providence interferes in the affairs of men, now is a most propitious time to bestow a wonderful blessing upon poor afflicted humanity.

But the divine art of medicine has made astounding strides in another direction. It has given to its nomenclature what may be termed a fungous growth, on account of its rapidity. New words are daily being substituted for old familiar terms, and the *ities*, *ologies* and multiplied *scopes* have taken a wonderful scope, and would now fill a respectable-sized volume. Our vernacular tongue is not refined and expressive enough to suit the lisping twaddle of the would be learned of the profession, and all the French phrases that can be brought into requisition are being woven into the medical literature of the day. French weights and measures have been introduced, for what purpose it is hard to tell, and the lives of the people still farther jeopardized from the multiplied dangers of mistakes. Medical dictionaries should now be published like the United States Dispensatory, every two years. But there is hope that as the practice of medicine has been narrowed down to two remedies (whisky and quinine), good may spring out of evil, and this word-making propensity may be checked, for under the new *regime* we have but little use for either old or new medical terms and phrases.

There is another peculiarity about this modern practice worthy of note. According to the reports of its votaries they are the most successful practitioners that ever lived, and yet the grave yards, as true as finger boards, flatly contradict their statements, for these receptacles of the dead always look as if they had just been plowed up.

There are those so reckless as to advocate the external use of cold water in measles, and absolutely affirm that it acts

and is one of the greatest of the age. Now I might have believed these statements, and been silly enough to have tried it, if I had not seen this practice tested years before it was thought of by any physician. It happened on this wise: In the month of July the measles broke out in a family of four, husband, wife, and two children, living in the country nine miles from the city. The neighborhood physician was called in and pronounced the disease scarlet fever, and began forthwith to sponge with cold water. In forty-eight hours he had killed the mother and infant. Of course, a panic ensued, and I was sent for to see the oldest child, which took the disease last, but which, unfortunately, had been treated in the same way, and was entirely insensible from congestion of the brain and lungs. As soon as I got the history of the cases, it was plain enough that the disease was measles, for they were all taken with well-defined catarrhal symptoms. The child died the next day, and in a few weeks the doctor left the country, and should have left the profession, but he still hangs on and is making a living, for he can give whisky and quinine as well as anybody, and if his patients die he has plenty of good company, and they die according to law and an approved theory.

McCUTCCHANVILLE, IND., March, 1881.

Clinical Reports.

ARSENIC IN TETANUS.

BY A. S. BARNES, M. D.

Having seen a number of articles going the rounds of the medical journals on the use of arsenic in the treatment of tetanus, I thought I might interest some of your readers by giving a statement of two cases of the above disease, that I treated several years ago, in this city:

CASE I.—The first was a case of idio-

pathic tetanus, in the year 1868, in a Miss of sixteen years, who had taken cold by running out in the snow with slippers on, getting her feet wet. When I first saw her she had high fever, spasms, dry skin, pulse rapid, tongue furred, head and limbs drawn backwards, muscles tense, mind clear, bowels constipated. I ordered a cathartic, which acted well. General symptoms no better, opisthotonos greater. Gave nervines and diuretics for two days without any apparent effect. Ordered five drops of Fowler's solution every three hours. The spasms became shorter and farther apart. After the fifth dose, and from that time, she improved regularly until she finally recovered so as to be about the house, but suffered from strabismus of both eyes, was hardly able to walk, because of weakness of back and hips for nearly a year. She was also feeble-minded, and had forgotten how to play the piano, as well as her arithmetic, which she had to learn over, but she finally recovered both mental and physical powers.

CASE II.—The next case was traumatic, in a lad sixteen years old, who had received a wound of the scalp from having a wagon wheel run over the right side of his head, cutting the scalp from the temple to the occiput, then tearing the connections from the skull down to the ear, making quite an ugly wound.

I had his head sheared, and applied adhesive strips for the purpose of drawing the edges together. Everything promised as well as could be expected after such an injury. That was July 9th, 1865.

July 10th, patient doing well, no fever, but seemed nervous, all secretions normal, rested well through the night; ordered light nourishing food in the shape of soups, milk and tea.

July 11th, wound doing well, slept well, still nervous, ordered tincture of valerian in drachm doses every four hours.

July 12th, slept well, not so nervous.

July 13th, 9 A. M., was summoned in a

hurry to see patient; upon my arrival I found him complaining of stiffness and soreness in the muscles of the neck. I ordered a liniment composed of camphor, olive oil and tincture of arnica, to be applied to the parts complained of.

July 13th, 4 P. M. Again summoned and found him complaining still more, of the stiffness; he also had slight tetanic spasms. I ordered opium, quinine and ipecac. Spasms more frequent and severe. Opisthotonos well marked, nearly all the voluntary muscles rigid, especially those of the extremities, jaws and abdomen. Swallows with difficulty, spasms follow each attempt when there is more than half a teaspoonful given. Mental faculties clear, secretions scanty, mouth dry, tongue furred brown, pupils contracted; spasms last fifteen to twenty minutes, intervals half an hour.

July 14th, 8 A. M. Passed a restless night, symptoms all worse; spasms last an hour; sordes on teeth; tongue dry, urine scanty and high colored. Several physicians were called in to see the case. All agreed to its severity and its hopelessness under any treatment. I suggested to Prof. J. T. Hodgen that we try arsenic; he acquiesced, and I ordered two ounces of Fowler's solution, which was to be given in ten-drop doses every hour. The condition of the patient at this time was simply terrible. Opisthotonos had been superceeded by emprosthotonos; head and body were thrown forward and limbs flexed until the face rested on his knees. Abdominal muscles tense as boards; mind wandering; pulse small and rapid, in fact everything looked as though he could not live many hours.

July 14th, 2 P. M. I again visited him, expecting to find him dead or nearly so, when to my surprise I found he had taken his medicine regularly, which amounted to about forty drops of Fowler's solution. Spasms were much milder and a longer time intervened.

July 15th, 8 A. M. Patient rested some, took more nourishment, was more comfortable, spasms gradually subsiding and not so severe. He was now permitted to sleep over the time for taking his medicine, which he did frequently.

Secretions were also gradually restored, and from that time he improved slowly and recovered perfectly, after having taken about two and a half ounces of Fowler's solution, before there was any manifest effect excepting the improvement.

I stopped it after the spasms had ceased, and at that time he would swallow his drops, and they would hardly have time to reach the stomach before they would come up in the shape of a white liquid similar to milk, although he had taken none for several days.

This young lad's name was George Starr, Jr., and lived on Broadway near Green street, this city.

St. Louis, 3013 Easton avenue.

Translations.

(Translated for the Clinical Record.)

NERVE-STRETCHING IN EPILEPSY.—The following case, from the service of M. J. Voisin, we find in *Le Progrès Médical*, for Feb. 5, 1881: This concerns a patient named Mich —, affected with congenital epilepsy, upon whom M. Gillette performed stretching of the median and cubital nerves, at the upper third of the arm, on Dec. 31, 1880. Although the time which has elapsed since the operation is so short as not to permit us to pronounce upon the ultimate result, we are yet enabled to state that, thus far, it has led to some alleviation. The attacks or "absences" which occurred about ninety in the month, have, since January 1st, diminished to eighteen. In addition, these attacks have not only diminished in frequency, but likewise in intensity and duration, for, at present, the greater number of them are merely vertigos or

"absences," lasting from two to three, or, at most, five minutes. Besides, the aura, which showed itself in pains in the upper extremities and a sense of oppression, has completely disappeared, and the patient shows much less hebetude after the attacks. As for the operation itself, the sequelæ have been entirely harmless; the wound closed by first intention, and for a week afterwards the patient experienced a little numbness in the area of the cubital nerve, which also soon disappeared.

THE ORGANISMS IN ABDOMINAL TYPHUS.—Eberth examined the affected intestines, mesenteric glands, spleen, liver and other organs, in twenty-three cases of ileotyphus for micro-organisms, but specially preparations preserved in alcohol. The sections were treated with acetic acid. In twelve cases, between the eleventh and thirtieth day of sickness, numerous conglomerated heaps of bacilli were discovered. The isolated staffs were four times longer than broad, about one-half as long as the diameter of the red blood-corpuscles, they were rounded threads and the contours were pale. In the second and third week they were most numerous. They are distinguished from the bacilli (from decomposition) occurring in the typhus ulcers, by their more delicate contours, and by their assuming a more intense color when treated with methyl violet and Bismarck brown.

It is very probable, therefore, that these staffs may be considered as typical typhus bacilli.

In eleven cases, between the thirteenth and fifty-sixth day of sickness, these staffs were not found.—O. J. Eberth, Zurich, Virchow's Archiv. Bd. lxxxi, p. 58. J.L.B.

VACCINATION AGAINST CARBUNCLE.—Toussaint defibrinated and filtered the blood taken from animals just dead from malignant pustule. Owing to the uncertainty of this method excluding the bacteria of this disease, he subjects the defibrinated blood to a temperature of 55° C.

Those animals vaccinated once or twice with this fluid evidenced perfect immunity to this poison. Its influence became secure after twelve to fourteen days had passed. The line of thought guiding these experiments was as follows: The distribution of the poison of malignant pustule ensues through the medium of the lymphatic glands; the latter are always affected, whether death occurs or not. If we produce artificial inflammation in them, we prevent the transportation of the poison through them. This is accomplished by injecting blood prepared as above in the vicinity of the glands. The result of these vaccinations—immunity of the vaccinated animals—not only answered, but exceeded his anticipations. Furthermore, it must be accepted that the blood used for vaccination does not operate through its morphological elements; experiment has determined, that sheep, vaccinated in the last months of gestation, protected their lambs against the poison of malignant pustule; the materials transmitted from the mother to the foetus cannot possess morphological elements.—Bull. de L'Acad. de Méd., 1880, No. 30. J. L. B.

TREATMENT OF TAPEWORM.—(*Lyon Médical*) If a *tænia* be placed in a solution of pepsin in a glass, it is entirely dissolved—digested—in a few hours. Guided by this fact, M. Bouchut treated a child with pepsin, who had, under treatment with pumpkin seed, passed a piece of tapeworm about eighteen inches in length and very broad. The dose given was about 45 grains per diem, for five days. The child experienced no harm and showed no special symptoms. Then he was given 40 centigrams (about 7 grains) of sulphate of pelletierine with castor oil, which was followed by the expulsion of no section of *tænia*. The author adds that this question should be investigated anew.

Since then, the same author has again employed, not animal pepsin, but that de-

rived from vegetables—papaine—which is much more active, and claims to have relieved several children by its use. One child passed fragments of tapeworm ten inches in length, softened, yellowish, withered and partially digested.

These cases, added to those observed in the colonies, where the juice of the carica papaya is employed successfully against worms, prove that this new substance may well be used, in future, against verminous affections.—*Jour. des Sciences méd. de Lille*.

TUBERCULOSIS.—In a recent discussion in the Vienna Medical Society, Prof. Billroth reported 713 cases of white swelling, observed during sixteen years; of these, 181, or 25.3 per cent. died of phthisis, and of this number, 15, or 2.1 per cent. had miliary tuberculosis of the meninges. In all these cases, or in the greater part of them, no pus was ordinarily to be found, but many caseous *depots* in the bones. These deposits were merely aggregations of miliary granulations become confluent—this was demonstrated in resections performed early in the disease. They were the points of origin of general infection.

Nevertheless, Billroth was not willing to commit himself on the question of the parasitic nature of tubercle. On this point, he said, investigation is extremely difficult. From the point of view of its heredity, is tuberculosis comparable with syphilis? In this regard, nothing is known. But even on the hypothesis of the parasitic nature of tubercle, *predisposition* must be admitted. Billroth admits, with Niemeyer, that the most important of all is the scrofulous diathesis.—*Med. Jahrbücher*, 1880, Heft 3.

NOTES ON THE TREATMENT OF DIPHTHERIA.—In 150 patients suffering with diphtheria, v. C. has lost no case since he has used liq. ferri sesquichlor. locally and internally. Mixed with equal quantities of water, it is painted (a pencil of lint) over the bleeding mucous membrane subsequent

to the removal of the pseudo-membranes. Injections of a weaker solution, 1:3 aq., are made into the nostrils; internally, the proportion of 10 to 20 drops in 200 of water; a teaspoonful every fifteen minutes. This treatment is continued until no membranes show themselves. It seems as if the most of C.'s patients had passed the age of childhood (42 cases from the school of cavalry in St. Petersburg). He has treated no children under two years of age.—A. v. Collan, St. Petersburg *Med. Wochenschrift*, 1880. J. L. B.

Necrology.

IN MEMORIUM.

The sudden demise of Frederick Robert Wilms has created a most painful sensation, not only in Berlin, but throughout Germany.

Although he has contributed but little to the literature of surgery, and may, therefore, not be generally known abroad, he was certainly one of the most eminent, enterprising and successful surgeons of the Imperial metropolis. As a clinical teacher at the Bethanian Hospital of Berlin, over which he was placed as medical director since 1852, he had no superiors and very few equals.

All his operations were well planned and prepared in detail. He was careful and yet quick in execution and untiring in the after treatment. The great reputation of the Bethanian Hospital was his work, and it is looked upon by all competent judges as a pattern institution of its kind.

Aside from his thoroughness as a surgeon he was a man of massive information, and his social qualities and the benevolence of his character rendered him the object of veneration and love of all classes of society.

Since Heim, there has been no more popular practitioner in Prussia, and his

funeral was a perfect ovation, attended by both high and low.

He was a particular friend of Americans, and those who enjoyed the privilege of his instruction and were witnesses of his kind and dutiful acts, will gratefully remember him.

LOUIS BAUER.

Extracts and Abstracts.

PERNICIOUS INTERMITTENTS.—Prof. N. S. Davis, M. D., of Chicago Medical College, in a lecture on this subject (*Boston Medical and Surgical Journal*, March 3, '81) claims that the presence of the malarial poison in the blood produces a primary and direct effect on the elementary properties common to all the tissues, viz: susceptibility and vital affinity, and that the nervous disturbance is only a part of this more general action. It primarily causes an increase of the general susceptibility or excitability, coincident with a decided diminution of the vital affinity by which the tonicity of the tissues and the atomic movements are controlled. The difference between an ordinary and a pernicious paroxysm is the more profound depression of the vital affinity in the latter. The essential pathology of the pernicious chill is, that the play of vital affinity is so far overcome as to make the restoration of the natural atomic or molecular relations between the constituents of the blood in the capillaries and the organized tissues extremely difficult. This being the essential feature of the disease, it is necessarily dangerous, because whenever the properties of the tissues become so involved that they lose their inherent power to attract new atoms from the blood and return old ones, as in the natural processes of secretion, nutrition, etc., there is not only imminent danger of the cessation of life, but there is also great difficulty in obtaining any effect from the administration of remedies.

For clinical purposes, he arranges all cases classed as pernicious in five groups, viz: the comatose, the spasmodic, the pulmonary, the choleraic, and the algid. The first two groups may be united in one, by calling it the cerebro-spinal. In the first group, two important varieties are included: in the one, the patient is unconscious or comatose from the very beginning of the

paroxysm, the coma may hourly become more profound, the face pale, the temperature low, pulse feeble, respiration irregular and pupils dilated; in the other, after a comatose period, partial reaction soon takes place, the face becomes deeply suffused, the head and trunk hot, pulse more full, and respiration hurried. The coma may give place to wild delirium, which may end either in the supervention of sleep and an intermission, or the return of coma, general paralysis and death.

The second group is characterized by the paroxysm being ushered in, not by coma, but by severe muscular contractions, either continuous, or paroxysmal, as in convulsions.

The pulmonary and choleraic groups are marked by symptoms of intense congestion of lungs and digestive tract, respectively. Prof. Davis describes them at length, but we have no space for a citation of the descriptions. The cases accompanied by a hemorrhagic tendency he places in the choleraic group. Primarily, all are more or less cold, but there is a class of cases where the patient becomes almost at once cold and blue, and ultimately his organic functions cease without any specific determination to one important organ more than another, unless it be to the cutaneous surface in the form of copious cold sweating. The autopsy reveals nothing more than a paler and drier state of the tissues than natural. In the other forms, the *post mortem* appearances are simply those caused by an overplus of blood in those organs and viscera manifestly disturbed in their functions during life.

Treatment.—The leading and important indications for treatment are: 1, To bring about general and uniform reaction by the prompt use of such means as will most efficiently increase the tonicity of the tissues, the molecular changes, and the vasomotor sensibility; 2, if we succeed in this, and thereby conduct the patient safely to the commencement of a period of remission or intermission, the second indication is to bring him, as speedily as possible, so fully under the influence of some anti-periodic as to prevent the supervention of a second paroxysm.

To fulfill the first indication, it is the general custom to administer hot and stimulating remedies internally and to apply all kinds of heating and irritant applications externally. Prof. Davis states that all

these are without the slightest beneficial effect on the patient. After quoting Dr. Drake to the effect that both external heat and the internal use of what are called alcoholic stimulants are absolutely useless in the depression of a true pernicious paroxysm of malarious fever, he uses the following language, to which we direct especial attention: "From what we now know of the effects of alcohol as an anæsthetic to nerve sensibility, and direct retarder of molecular changes and capillary circulation, we should not only expect no benefit, but positive harm from its use in these cases. Under the theory of internal congestion, especially of the portal system of vessels, bleeding, large doses of calomel, and various kinds of emetics have been tried, but with no encouraging results, except in a few cases where an emetic of salt and mustard appeared to aid in establishing reaction."

Accepting Milne Edwards' demonstration that heat diminishes the general tonic and relaxes the contractile tissues of the body, and that cold increases both by bringing the atoms closer together and strengthening the play of vital affinity, Prof. Davis is naturally led to the following: "Whether you agree with me that malaria acts directly upon the elementary properties common to all living tissues, or indirectly through a primary paralyzing influence on the vaso-motor nervous system, as suggested by most writers, they point directly to the sudden and temporary application of cold as the most rational and efficient means we possess for arousing nerve sensibility, capillary circulation, molecular movements, and, as a result, an increase of temperature."

The patient is stripped, and several gallons of cold water are suddenly dashed over the head and trunk of the body; he is then quickly rolled up in dry flannel blankets for thirty minutes. If there is no decided improvement in pulse and temperature at the end of that time, he is unwrapped and the dashing with cold water is repeated, followed as before by rolling in warm blankets. This may be repeated three or four times if necessary; generally two repetitions suffice. This plan, theoretically correct, has the endorsement of direct clinical experience. Dr. Fearn, of Huntsville, Alabama, had great success with it as long ago as 1880, and Prof. Davis has used it successfully on two occasions.

In those comatose cases where partial reaction has taken place and the face is deeply flushed and the head hot, an ice cap should be applied to the head and back of the neck. In cases equally comatose but pale and cool, instead of the ice cap, he advises to bring the patient's head over a tub, and with a pitcher filled with tepid water to pour a douche of two or three quarts of water over the occiput, repeating it once in from half an hour to an hour; this constitutes the most efficacious means of relief. The same means, applied to the neck and spine, in the spasmodic or convulsive cases, and to the chest in the pulmonary group, give the best results. In the choleraic cases, with great restlessness, frequent vomiting and purging, with cold sweat, much collateral advantage, he states, may be gained by the judicious use of morphia and atropia hypodermically. If the heart's action is very feeble, the injection of morphia and atropia may be alternated with suitable doses of strychnia. In the purely algid cases, in addition to the efficient application externally of alternate cold water and dry warmth, he advises the prompt administration, either by the stomach or hypodermically, of strychnia and atropia without morphia, as the best treatment that can be adopted.

After reaction has been established the second indication—to prevent the recurrence of the paroxysm—is to be fulfilled by bringing the patient as rapidly as possible under the full anti-periodic influence of quinine, which is more reliable than any other remedy we possess. This he accomplishes by giving twenty grains by the mouth or ten grains by hypodermic injection, on the decline of the paroxysm, or as soon as reaction is fairly established, and repeating the same at such intervals that three doses will be taken before the time for the next paroxysm to begin. He adds, to which we heartily subscribe, "it is so important to make sure of preventing another paroxysm that it is better to err in giving a larger quantity than is strictly necessary than in not giving enough. Half the quantities just indicated will be sufficient for the next day, and still less the next, after which the case should be treated with tonics, rest, and nutritious food, as in the convalescence from other severe attacks of malarious fever." A caution is added against the patient resuming active labor, mental or physical, until his strength is fully restored.

NERVE-STRETCHING.—Dr. James J. Putnam, of Boston, relates (*Archives of Medicine*, Feb. 1881) a case of clonic facial spasm successfully treated by stretching the seventh nerve. The nerve was exposed and stretched moderately by pulling upon it two or three successive times. The wound healed by first intention. Complete facial paralysis followed. For two months there was very little sign of improvement, but at the end of that time the power of movement began to return and in another month very little, if any, paralysis remained. The cure of the clonic spasm of the facial muscles was complete and appears to be permanent.

As to the physiological action of the operation, he believes it to be composed of at least four elements, which may be present in varying proportions:

"1. An inhibitory influence exerted on the central nervous system (predominant in the successful cases of nerve stretching for locomotor ataxy, reported by Langenbeck, Debove and others).

2. Reduction of the conducting power of the nerve itself, due directly to the stretching, and securing for the nerve centers connected with it a period of relative physiological repose.

3. A greater or less disorganization of the nerve.

4. An alteration in the nutrition of the nerve by rupture of some of its lymph and blood-vessels, and modification of the walls of others."

He admits that other factors may be present, as yet unknown.

The question of the amount of force to be safely expended in stretching a nerve is one of considerable importance. To ascertain something in this direction, Dr. Putnam experimented upon the facial nerve of a dog, and found that one of its branches parted at a traction equivalent to forty pounds, while a traction of eight pounds produced paralysis of the muscles supplied by the other branch. From this experiment, viewed in the light of his operative experience, he formulates the following:

"1. That a knowledge of the exact amount of force brought to bear on the nerve is capable of being made of great service, and that, therefore, the method of steady pulling, which admits of the use of a gauge, is to be preferred to the method of pinching and pulling together, as recommended by Baum.

2. That the patient should be allowed to come partially out of ether, so that the immediate effects of the stretching may be witnessed.

3. That if this cannot be done, the force used for the first pull should not exceed seven pounds, and that for the second probably not six pounds, unless, indeed, the symptoms for which the patient seeks relief are so severe that the production of a paralysis of months' duration may be fairly risked for the chance of getting rid of it.

Of course these numbers have no exact signification, especially as the proportion of connective tissue in a dog's nerve may differ somewhat from that in the human nerve. Further experiments are called for to settle this and other points."

These observations apply to small nerves, like the facial, and have no bearing on the amount of force to be used in stretching the great nerve trunks—the sciatic; for instance.

THE LEPROSY OF THE BIBLE, according to Dr. Geo. H. Post, of Beirut, is not the elephantiasis Græcorum of the present day, but was a form of *lepra* (now generally termed *psoriasis*). In a condensed statement of his views in the *S. S. World*, Prof. Post says: "Lev. 13 and 14 are the chief authorities on that subject. If any one will take the trouble to follow the descriptions of the rise, spread and decline of the malady as there given, he will see that the essence of it is a white, or lurid or gleaming spot, producing more or less baldness in places covered with hair, often arising from a boil. Now, in point of fact, the *Aleppo button*, which is in appearance much like a boil, and which lasts for many months—often for a year or more, so that the Arabs call it *habbat es siny*, the year boil—is frequently followed by a tetter or lepra, a spreading scabby eruption, following much the course described in Lev. 13: 18-23. As these often occur in the face, they greatly disfigure their unfortunate victims by eating away a portion of the nose or cheek or lip, or by leaving an unsightly scab, and after years of a lurid contracted cicatrix. The same disease, *lepra*, occurs from other causes. It is a malady having some tendency to wear itself out and get well. This is in accord also with the description of the disease in the Bible. By simply waiting, the unfortunate unclean

often became clean. No modern leper ever wore out his malady.

On the other hand, none of the well-known signs and appearances of the greater leprosy are described in Lev. 13 and 14.

The writer is aware that the adoption of this view would take away the force of innumerable commentaries and fine poetic allusions to the deadly elephantiasis of the Oriental lepers. But it will not in any way diminish the force and point of the ceremonial distinctions in regard to leprosy. *Lepra vulgaris*, especially the spreading form of it, is a more visible and disgusting disease than elephantiasis, very intractable, and suitable as a legal and ceremonial illustration of moral uncleanness, incurable by ordinary medical means, loathsome to the beholder, and impairing the usefulness of those parts of the body which are attacked."—*New York Med. Record*, Feb. 26, 1881.

IODINE AS A SPECIFIC IN CROUPOUS PNEUMONIA.—The treatment of croupous pneumonia has, some time since, lost its former active character; since we could but recognize that the course of the disease could not be influenced by any of the present plans of medication. A startling statement now appears by Dr. F. Schwartz, in the *Deutsche medicinische Wochenschrift* (No. 2, 1881), who claims that the disease may be aborted by iodine or iodide of potassium. He quotes statistics, in the first place, from the most reliable German sources, according to which the crisis occurred in 0.6 per cent. during the second day, in 4.7 per cent. during the third, in 7.4 per cent. during the fourth, in 15.9 per cent. during the fifth, in 13.6 per cent. during the sixth, in 22.7 per cent. during the seventh, in 13 per cent. during the eighth, and in 11.8 per cent. during the ninth day. These statistics refer to 933 cases of pneumonia treated expectantly. In opposition to these figures Schwartz gives his results as the proof of the efficacy of his plan of treatment. He has had altogether ninety-eight cases, in ten of which the abortive treatment succeeded. This treatment is successful only when begun as soon as the disease starts. If instituted later it seems powerless. The inference to which the author leads us is, that he saw none but the ten cases quoted at a sufficiently early period, but he does not state this point in

so many words. By reproducing the temperature curves he proves that the aborted cases commenced in the usual characteristic manner. In all of these the crisis was completed during the second day. The defervescence took from eight to eighteen hours, on an average, about twelve hours. The quantities given were very small, one-sixth of a drop of tincture of iodine, or about one grain of the iodide being taken every hour. After the fever had ceased the local symptoms began to recede rapidly.—*Chicago Medical Review*, February 29, 1881.

ODOFORM.—Dr. Aphel (*Lo Spallanzani*) gives the case of a woman of twenty who had received a contusion of the right mamma, which soon became painful, while the lymphatics of the axilla became engorged. After suffering for twenty days, the patient sought medical relief. Inunctions with a pomade of mercury and belladonna, persevered in for ten days, gave no relief. On using an ointment of iodoform, however, instantaneous relief was gained. At the end of ten days the patient was discharged cured. In a second case, that of a man who received a severe bruise on the ankle, an ointment of one part of iodoform to thirty of lard produced rapid amelioration. Prof. Masius uses the following formula: Iodoform 1 part, glycerol of starch 30 parts, essence of peppermint a sufficient quantity to mask the odor.—*Philadelphia Med. Times*.

SOLUBLE PELLETS for hypodermic medication or "compressed powders," are recommended by Dr. C. Wolff in the *Am. Jour. of Pharmacy*, for Dec. 1880. The medicinal agent, morphia, pilocarpin, or other preparation, is first intimately mixed with a small quantity of common salt, and then compressed into pellets, each containing a proper dose. The chloride of sodium acts as an antiseptic, renders the mass readily soluble, is acceptable to the tissues and facilitates absorption. The advantages they present are obvious.

FORGOTTEN BY DEATH.—Old Professor Chevreul, aged ninety-five, has just completed that course of forty lectures on Chemistry for which he was so widely advertised a few months ago. As his father lived to be one hundred and five, the old gentleman may yet lecture the century out.—*Philadelphia Medical Times*.

St. Louis Clinical Record.

WM. B. HAZARD, M. D., Editor.

ST. LOUIS, MO., - - - MARCH, 1881.

Reports of the Proceedings of Societies, Correspondence, Notes and Medical Items are solicited from all parts of the country.

Subscribers are likewise requested to call our attention to notices of marriages and deaths of physicians, and to all other matters of interest to the profession.

We are not responsible for the views of correspondents

Editorial.

TO PHYSICIANS.—We mail a large number of this edition of the *CLINICAL RECORD* to a select list of the better class of physicians throughout the West, with the hope that all of them may be induced to enter their names on our subscription books for the coming year.

For terms and address, see cover title page.

TO SUBSCRIBERS.

Those of our subscribers who have not yet responded to bills for subscription sent them in the February number, will greatly oblige and save us no little annoyance in arranging our subscription books for the ensuing year, by making remittances at the earliest time possible. Do not fail to inclose bill, that we may return it receipted.

UNCONDITIONAL SURRENDER.

One of the three great medical schools of New York obtained a good deal of gratuitous advertising, a year ago, by adopting the necessary reforms in medical teaching: a fair preliminary examination of matriculants, a lengthening of the lecture term to six months, a graded course of study, and making attendance upon three college sessions in three separate years a prerequisite to graduation. The same school seems likely to obtain another lot of free advertising by a circular recently issued by its faculty. This paper very innocently states that it has become necessary to go back to the old way; that the profession has not recognized the value of the sacrifices the school has made, and, consequently, stu-

dents have become scarce and the treasury of the school is no longer the bonanza it once was. This is all very sad. We deeply sympathize with the downcast professors. We deplore the impecuniosity of our *alma mater*, but we must adhere to our resolution not to advertise, on any terms, an institution which does not come up to the "higher standard."

The Association of American Medical Colleges will, as we have over and over again predicted, also render itself conspicuous by "taking the back track." After achieving all the notoriety possible by pretending to adopt the three-term plan, it will calmly proceed to a reconsideration at its next meeting, and take all possible advantage of the act.

We trust the medical press will not give up the battle for the only decent plan of instruction yet devised for those who are to enter the profession. We hope preceptors will insist that their students *shall not* patronize such colleges as do not demand the best possible preparation of candidates for the doctorate. We earnestly believe that the local and State societies will continue to uphold those institutions which prove themselves worthy of professional confidence by giving the best instruction and the most of it to their patrons.

THE MEDICAL BILL, an imitation of the Illinois law, proposed to regulate Missouri physicians and protect Missourians from quacks, has not been enacted by the State Legislature. It is barely possible that the "dear people" are still in such dense darkness as to think they are able to choose their physicians without legislative aid. If they die, after this date, from the efforts of over-zealous "steam doctors," peripatetic tape-worm killers, sage clairvoyants, or allow their vital spirits to be rubbed out of them by those who practice "laying on of hands," who will there be to pity them? Our verdict will be that of the Yorkshire jury: "Served them right."

Book Notices and Reviews.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE; designed for the use of Practitioners and Students of Medicine. By Austin Flint, M. D., Professor of the Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, etc. Fifth edition, revised and largely re-written. 8vo. pp. 1150. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Pr't'g Co. Cloth, \$5 50; leather, \$6 50; half-Russia, \$7.

This work is so widely known and accepted as the best American text-book of the practice of medicine, that it would seem hardly worth while to give this, [the fifth, edition anything more than a passing notice. But even the most cursory examination shows that it is, practically, much more than a revised edition; it is, in fact, rather a new work throughout.

With rare candor, the author states that he "has not been influenced by any sense of obligation to maintain consistency of views with the previous editions of this treatise, or with other works which he has written." In other words, wherever he has found that he has heretofore promulgated erroneous views, he has not hesitated to correct them, no matter how strong may have been his former teachings.

Another point deserves our strongest commendation. He has relinquished a large share of the pathological portions of his treatise, both general and special, to younger hands. He has not contented himself with a general acknowledgment of the services rendered by his assistant, Dr. Wm. H. Welch, but has taken care to point out each chapter and section in which the labors of the younger man have supplemented those of the elder author. This is in most agreeable contrast with the conduct of several "authorq" we might mention, who have not scrupled to avail themselves of the brains of other and better men than the deficient supply of cerebral gray pos-

sessed by themselves might be effectually concealed.

Dr. Welch has certainly performed his part thoroughly and shows much judicial ability in selecting from among opposing views those which appear most just and rational. Although he appears to be strongly biased by the teachings of Cohnheim, he is not enslaved by the *dicta* of that illustrious master. The labors of Virchow, Klebs, Ponfick, Weigert and others are presented impartially along with those of Cohnheim. The sections on Carcinoma and Tubercle are especially worthy of notice. Scrofula was once a very important subject, but here we find the whole matter disposed of in *seventeen lines*—in fact, we find ourself in a state of delightful uncertainty as to the actual existence of such a morbid condition after reading them.

In discussing the subject of the morbid effects produced by a prolonged stay in compressed air (*Caisson disease*), page 69, no mention is made of the observations on the subject made during the construction of the Illinois and St. Louis Bridge. Perhaps if those observations had been made by competent men, we should not have this complaint to make. A large share of the effects produced are attributed to the liberation of free nitrogen in the blood, in the form of bubbles, which impede the circulation and may produce instant death.—Hoppe-Seyler, P. Bert.

Relative to septicæmia and pyæmia, a good deal is written both in favor of and against the parasitic theory of their causation. At the end the whole matter is relegated to future observation. The author seems to incline towards the doctrine of a *contagium vivum*, but wisely takes care not to commit himself. In the chapter on Etiology (VIII) this doctrine is almost adopted as proven. Here we have the opinion of Prof. Flint, while in former sections we had to deal with Dr. Welch's teachings. We must prefer the caution of the younger man in this regard.

In the second part of the treatise—that on Practice—we note some important changes. Dr. Welch has thoroughly revised the descriptions of the anatomical characters of the different diseases treated of; a new section has been added devoted to diseases of hæmatopoietic system; the classification of nervous affections is based upon their anatomical relations in place of their symptomatology, as heretofore; and several diseases are considered which were before omitted. Hypertrophic cirrhosis of the liver is duly considered—one-half a page is devoted to it. Several diseases of the spinal cord first make their appearance in this edition. The descriptions are short, concise and fairly accurate.

This treatise will undoubtedly continue to hold the first place in the estimation of American physicians and students. No one of our medical writers approaches Professor Flint in clearness of diction, breadth of view and, what we regard of transcendent importance, rational estimate of the value of remedial agents. It is thoroughly *practical*, therefore preëminently *the book* for American readers.

The half-Russia binding adds to the solidity and elegance of the appearance of this most excellent volume.

DRAINAGE FOR HEALTH, or Easy Lessons in Sanitary Science. By Joseph Wilson, M. D., Medical Director U. S. Navy. 8vo. pp. 68, illustrated. Philadelphia: Presley Blakiston, 1012 Walnut street. 1881. St. Louis: H. R. Hildreth Prt'g Co. Cloth, \$1.

In this little monograph, Dr. Wilson has endeavored to popularize some very necessary ideas relative to general hygiene. In the introductory chapter, the properties of various soils are discussed and the elements of danger present in several of them are succinctly pointed out. An attempt, not very successful, at least so it appears to us, is made to explain the reason that "ground water" exerts such a pernicious influence upon the health of men and animals. The proper methods to be adopted to render any

soil salubrious are taught in a convincing—if rather dogmatic—style.

In the second chapter, drainage of the farmhouse and of the village is briefly and accurately described. We may mention, in passing, that the author is a firm believer in the Germ theory.

The drainage of cities, including a discussion of the disposal of sewage, occupies the third chapter. Preference seems to be given to the Chinese system of returning to the soil all that has been taken from it, although his dark hints relative to the possible spread of entozoa are calculated to make the ordinary citizen prefer the modern, barbarous wastage of our present methods to the more economical practices of the prudent Asiatic. Before issuing a second edition of his really excellent and readable book, Dr. Wilson would find it profitable to study helminthology once more.

The last chapter, "Something About Plumbing," will endear the author to the hearts of all householders who are not in bankruptcy this spring on account of defective plumbing and the extortions of the knights of the soldering-iron. It teaches every man how to be his own plumber—on a small scale.

Although Dr. Wilson, as a humorist, is inclined to be somewhat elephantine, and "what he knows about tape-worms" is rather vague and untrustworthy, we have derived both pleasure and profit from reading his brochure, and commend it to both physicians and patients.

ROCKY MOUNTAIN HEALTH RESORTS. An Analytical Study of High Altitudes in Relation to the Arrest of Chronic Pulmonary Disease. By Charles Denison, A. M., M. D., etc. Second edition. 12mo. pp. 192; paper, \$1. Boston: Houghton, Mifflin & Co. The Riverside Press, Cambridge. 1881.

The general diffusion of the idea that pulmonary consumption is amenable to climatic treatment alone, and that purely medical treatment is of no avail, gives

great importance to this work. It is the outcome of long continued personal observation and professional experience, by a physician who has, on several occasions, demonstrated that he wielded a very effective pen.

Dr. Denison believes that "the adaptation of climate to the special requirements of chronic pulmonary disease, results in the prolongation of life if not in the eradication of the pulmonary affection." He presents strong evidence in favor of this predisposition. He also believes that, *for properly selected cases*, the climate of Colorado is precisely that calculated to do the greatest amount of good, in fact, that it is "the ideal climate" for consumptives.

We condense some of his more important propositions relative to which patients should resort to high altitudes and which should not venture the test.

The inflammatory group and hemorrhagic cases are most favorably influenced; the catarrhal and chronic tuberculous classes are much more indifferent; the fibrous variety is quite favorably influenced, even at a late stage, if only a small amount of lung tissue is involved. Catarrhal and tuberculous cases, especially those with laryngeal complications, should not go to Colorado, so long as much lung tissue is actively involved in the disease. A partial recovery necessitates a permanent residence in a dry, elevated region. Many instructive cases are cited of a return of the disease to activity after apparent arrest while in the higher regions, on a removal to a lower level.

The work has every quality to commend itself to the physician and patient as a guide book to the Rocky Mountain health resorts. It gives all sorts of useful information to the tourist for pleasure alone. Altogether, we are pleased to give it our hearty commendation. The author is, of course, an enthusiast over his "ideal climate" and the peculiar attractions of Colorado generally, but not more so, perhaps,

than the facts justify him in being. If his useful little work brings him plenty of patients from the crowds of invalids who annually resort to his State in increasing numbers, for our own part, we shall be heartily glad of it.

WOOD'S LIBRARY, XI:—

DIAGNOSIS AND TREATMENT OF EAR DISEASES. By Albert H. Buck, M. D., New York City. Aural Surgeon to the N. Y. Eye and Ear Infirmary, etc. 8vo. pp. 411. New York: Wm. Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, 514 Olive street, sole Agent. Cloth, \$1 25. Sold by subscription only.

This volume is in full keeping with the other of Wood's valuable series for 1880. The purpose of the author to present a picture of diseases of the ear as they appear in private and hospital practice, is well accomplished; this, coupled with an effort to describe only the methods of treatment, which, having tested, he has found safe and efficient, will at once command respect.

This is no holiday essay, or finger-board, pointing patients and benighted "busy practitioners" to the office of the specialist—alas! that there are such—but a real help and a good book for any physician to study. Though we cannot endorse all of the views entertained, yet, so far as the main points of diagnosis and treatment are concerned, there is little if anything to be added with our present knowledge of the subject.

Some sixteen pages are devoted to the physiology of the ear, and as many more to ways and means of examination, a fitting introduction to the subject matter proper. The author is particularly happy in presenting the well-arranged chapters of his book and in illustrating, by cases well to the point, the different conditions noted. We notice that he has but little to say of the much abused nasal douche; good enough, and for all that, harmless enough in its day, but little cared for, not because of proven danger in its proper use, but because other and better means of effecting

the same object have been found. In local treatment there is nothing new, the main aim being to impress the reader with the necessity of care and persistency in conducting ear cases. The author has evidently learned much from his mistakes and does not hesitate to refer to such experience and quotes his failures frequently.

Though this book has been somewhat "pulled about" by such modern imitators of the "Scotch reviewers" as criticize most what they understand least, yet, throughout, it is all that is claimed for it, a standard work. It is worthy a place in Wood's Library, and that is saying a good deal.

W. P.

AN INDEX OF COMPARATIVE THERAPEUTICS, with Tables of Differential Diagnosis, a Pronouncing Dose-List in the Genitive Case, a List of Medicines used in Homœopathic Practice, Memoranda Concerning Clinical Thermometry, Incompatibility of Medicines, Ethics, Obstetrics, Poisons, Anæsthetics, Fees, Asphyxia, Urinary Examinations, Homœopathic Pharmacology and Nomenclature, etc. By Samuel O. L. Potter, M. D., President of the Milwaukee Academy of Medicine, etc. 12mo. pp. 280. Chicago: Duncan Brothers. 1880. Cloth, \$2; flexible morocco tucks, \$2 50.

The title-page, above given, serves as a very complete table of contents of this unique volume. However, the reader of the title-page would have no idea of the scope of the work. The following from the preface explains this very well:

"The object aimed at in this book is to present the therapeutics of the two great medical schools in the manner best adapted to comparative study and quick reference. In parallel columns are placed the remedies recommended by the most eminent and liberal teachers in the regular and homœopathic branches of the profession. The drugs common to both schools are in **BLACK TYPE**, and following them, in *italics*, are the remedies peculiar to each; with short, concise indications for their use, and references to authorities for all statements except those made by the compiler. These references enable the book to be used as an

index to the authorities for more strict differentiation between indicated drugs."

In this work, the principal "regular" authorities quoted are: Aitkin, Agnew, Bartholow, Carter, Emmet, Ellis, Leishman, Niemeyer, Phillips, Ringer, Rosenthal, Tanner, Trusseau, Piffard, Tait, Waring and Wood. It is a little remarkable to find Bartholow, Piffard, Phillips, Ringer and Waring quoted so often as having views which are difficult to distinguish from those of the "low dilution" Homœopathists.

The author seems to be desirous of a fusion of Homœopathists with "regulars," and is a very reasonable individual—for an exponent of an "exclusive system." His book will command a large patronage from several different classes: The homœopath who wishes to use the weapons of regular medicine on the sly, the "regular" who has a sneaking desire to practice homœopathy clandestinely, and the educated physician who wishes to know something about his "irregular" rivals and what they preach as well as practice, will all buy it.

The author shows great candor in dealing with his "regular" brethren; more, we fear, than he will find in many of his reviewers. We are convinced that the book will do good, and hope it will have many readers.

AN ELEMENTARY TREATISE ON PRACTICAL CHEMISTRY, and Qualitative Inorganic Analysis. Specially adapted for use in Laboratories of Colleges and Schools, and by Beginners. By Frank Clowes, D. Sc., Lond., Fellow of the Chemical Societies of London and Berlin, etc. From the third English edition. 12mo. pp. 372, with illustrations. Philadelphia: Henry C. Lea's Son & Co. 1881. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$2 50.

We spoke very favorably of the last edition of this excellent student's manual, and can merely repeat our former words with increased emphasis. We are satisfied that as a hand-book for laboratory work it has no equal in our language. It has been written by a teacher of practical chemistry

for the use of his own class, and every item bears the stamp of actual experience. We learn that this work has been adopted as a text-book in our St. Louis schools; a wiser selection could not have been made.

A MANUAL FOR THE PRACTICE OF SURGERY.

By Thomas Bryant, F. R. C. S., Surgeon to and Lecturer on Surgery at Guy's Hospital; memb. correspond. de la Société de Chirurgie de Paris. Third American, from the third revised and enlarged English edition. Edited and enlarged for the American student and practitioner, by John B. Roberts, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, etc. Large 8vo, pp. 1005, with 735 illustrations. Philadelphia: Henry C. Lea's Son & Co. 1880. St. Louis: H. R. Hildreth Prtg Co. Cloth, \$6 50; leather, \$7 50; half-Russia, \$8.

We have given, on a former occasion, our full estimate of the preceeding edition of this work to which we may refer. If we could add anything in its praise, we need but to state that we have adopted it as a text book for the students of the St. Louis College of Physicians and Surgeons. The present edition is a notable improvement on the previous one, and adds to its excellencies and corrects some of its defects. We can truly recommend it to the profession.

L. B.

LITERARY NOTES:—

THE *North American Review*, for March, is an unusually interesting number, although we miss M. Charnay's delightful letters on the Ruins of Central America, which have appeared regularly for the last six months. Bishop A. C. Coxe writes a strong plea—somewhat attorney-like—for the Bible in the public schools. The most attractive paper for the St. Louisan, is that by Capt. Jas. B. Eads, on the Isthmian Ship Railway. The greatest engineer of the age fully demonstrates the practicability of his project and the advisability of the Congress giving him substantial encouragement. Chief-Justice H. H. Chalmers gives the

other side of the question, so ably presented in Judge Tourgee's recent fictions, in his powerful paper on the Effects of Negro Suffrage. John D. Philbrick gives a telling review of Richard Grant White's recent assertion of the failure of our public schools, in one entitled "The Success of the Free-School System." Asylum reform receives much "aid and comfort" from the pen of Dorman B. Eaton. "Despotism, in Lunatic Asylums" will arouse public attention to some outrageous abuses of which we have had occasion to write on several occasions. C. C. Goodwin points out a rapidly growing danger, in his paper on the Political Attitude of the Mormons. Theological charlatanism is exemplified in the person of Rev. Joseph Cook, by Prof. John Fiske. Like everything this author writes, it is a remarkably well written paper, however much we may differ with his conclusions. Prof. A. W. Wright writes the concluding paper, a critique on several recent publications in physics.

D. Appleton & Co., New York, publish this old and sterling *Review*; subscription, \$5 a year.

THE *Popular Science Monthly*, for March, comes to us from the same publishers. This is a valuable number, and contains a number of papers especially interesting to physicians. Dr. Oswald continues his series on Physical Education, and treats of the hygiene of in-door life. Dr. R. S. Tracy takes up the problem of municipal nuisances, and wrestles with it as successfully as any one has heretofore done. And an article on "Cerebral Localizations; or, The New Phrenology," is pleasantly presented by Henry de Varigny. Herbert Spencer continues his Sociological series, and many other papers will be found of interest by every intelligent practitioner of medicine. As an educator for all classes, we cannot too highly commend the *Popular Science Monthly*. Terms, \$5 per annum; single numbers, 50 cents.

Vick's *Floral Guide* is something more than a florist's catalogue. The edition for

1881 is an illustrated, practical treatise on the cultivation of flowers. A handsome chromo-lithograph serves as frontispiece and several hundred wood-cuts are scattered through its pages. Send one dime to James Vick, Rochester, N. Y., and obtain this really valuable *Guide*.

BOOKS & PAMPHLETS RECEIVED.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Edited by Dr. H. von Ziemssen, Prof. of Clin. Med. in Munich, Bavaria. Vol. IX. Diseases of the Liver and Portal Vein, with the chapter relating to Interstitial Pneumonia. By Prof. Ponfick, of Rostock; Prof. Thierfelder, of Rostock; Prof. von Scheuppel, of Tuebingen; Prof. Lichtenstern, of Tuebingen; Prof. Heller, of Kiel; and Prof. Juergensen, of Tuebingen. Translated by Arthur H. Nichols, M. D., and Hamilton Osgood, M. D., of Boston; Edward W. Schauffier, M. D., of Kansas City, and Walter Mendelson, M. D., New York City. Albert H. Buck, M. D., New York, Editor of American Edition. 8vo. pp. 928. New York: Wm. Wood & Co., 27 Great Jones st. 1880. St. Louis: C. C. Pease, Agent, 514 Olive street. Cloth, \$5 00. Sold by subscription only.

THE CHEMISTRY OF MEDICINES. Practical. A Text and Reference Book for the use of Students, Physicians and Pharmacists, Embodying the Principles of Chemical Philosophy and their Application to those Chemicals that are used in Medicine and in Pharmacy, including all those that are Official in the Pharmacopœia of the United States. 12mo. pp. 851, with 50 original cuts. By J. U. Lloyd, Prof. of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O., etc. Cincinnati: Published by the Author. 1881. Cloth, \$2 75; leather, \$3 25.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Louis A. Duhring, M. D., Prof. of Diseases of the Skin in the Hospital of the Univ. of Pennsylvania; Dermatologist to the Philadelphia Hospital, etc. Second Edition, revised and enlarged. 8vo. pp. 644. Philadelphia: J. B. Lippincott & Co. 1881. St. Louis: Book & News Co. Cloth, \$6 00.

WOOD'S LIBRARY, XII:—

MINOR SURGICAL GYNECOLOGY. A Manual of Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice for the use of the Advanced Student and General Practitioner. By Paul F. Mundé, M. D., Professor of Gynecology in Dartmouth Medical College, etc. 8vo. pp. 381, with 300 illustrations. New York: Wm. Wood & Co., 27 Great Jones street. 1880. St. Louis: C. C. Pease, 514 Olive street, sole agent. Cloth, \$1 25. Sold by subscription only.

SYPHILIS AND MARRIAGE. Lectures delivered at the St. Louis Hospital, Paris. By Alfred Fournier, Professeur a la Faculté de Médecine de Paris, Médecin de l'hôpital St. Louis, Member de l'Académie de Médecine. Translated by P. Albert Morrow, M. D., Physician to the Skin and Venereal Dep't, N. Y. Dispensary, etc. 8vo. pp. 251. New York: D. Appleton & Co., 1, 3 and 5 Bond st. 1881. St. Louis: Book & News Co. Cloth, \$2 00.

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